

2,606 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	1,915	42,482	\$ 803,303.27	\$ 18.91	16.302	\$	419.48	\$ 308.25
@PHYSICIANS SERVICES	380	1,663	\$ 25,908.18	\$ 15.58	.638	\$	68.18	\$ 9.94
OUTPATIENT VISITS	6	7	346.78	49.54	.003		57.80	.13
OFFICE VISITS	5	6	238.70	39.78	.002		47.74	.09
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.000		108.08	.04
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	1	4	151.20	37.80	.002		151.20	.06
HOSPITAL VISITS	1	4	151.20	37.80	.002		151.20	.06
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.000		57.79	.02
EXAMINATIONS	1	1	57.79	57.79	.000		57.79	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	1	1	1,489.20	1489.20	.000		1489.20	.57
PRINCIPAL SURGEON	1	1	1,489.20	1489.20	.000		1489.20	.57
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	1	1	1,005.21	1005.21	.000		1005.21	.39
PRINCIPAL SURGEON	1	1	1,005.21	1005.21	.000		1005.21	.39
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	5	18	68.70	3.82	.007		13.74	.03
RADIOLOGY	6	10	157.31	15.73	.004		26.22	.06
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	370	1,621	22,631.99	13.96	.622		61.17	8.68
@PHARMACY	1,687	36,956	\$ 473,206.57	\$ 12.80	14.181	\$	280.50	\$ 181.58
PRESCRIPTION DRUGS	1,667	6,825	457,140.57	66.98	2.619		274.23	175.42
SNF/ICF	56	332	18,106.25	54.54	.127		323.33	6.95
OUTPATIENTS	1,625	6,493	439,034.32	67.62	2.492		270.17	168.47
MEDICAL SUPPLIES	136	30,131	16,066.00	.53	11.562		118.13	6.17
@DENTIST	64	196	\$ 9,576.00	\$ 48.86	.075	\$	149.63	\$ 3.67
VISITS - DIAGNOSTIC	42	117	1,839.00	15.72	.045		43.79	.71
ORAL SURGERY	12	14	606.00	43.29	.005		50.50	.23
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	1	1	118.00	118.00	.000		118.00	.05
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	16	40	4,158.00	103.95	.015		259.88	1.60
PROSTHETICS	2	2	60.00	30.00	.001		30.00	.02
DENTURES, STAYPLATES	12	21	2,795.00	133.10	.008		232.92	1.07
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	3	1	.00	.00	.000		.00	.00

2,606 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	36	89	\$ 1,718.58	\$ 19.31	.034	\$ 47.74	\$.66
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.02
EYE APPLIANCES	28	72	1,241.00	17.24	.028	44.32	.48
OTHER OPTOMETRIC SERVICES	10	16	430.13	26.88	.006	43.01	.17
@CHIROPRACTOR	5	8	\$ 130.34	\$ 16.29	.003	\$ 26.07	\$.05
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	8	130.34	16.29	.003	26.07	.05
@PODIATRIST	55	68	\$ 469.28	\$ 6.90	.026	\$ 8.53	\$.18
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	55	68	469.28	6.90	.026	8.53	.18
@HOME HEALTH AGENCY	1	6	\$ 419.06	\$ 69.84	.002	\$ 419.06	\$.16
NURSE ANESTHESIST	2	18	\$ 55.83	\$ 3.10	.007	\$ 27.92	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3	\$ 60.20	\$ 20.07	.001	\$ 30.10	\$.02
@TOTAL HOSPITAL	207	976	\$ 57,745.44	\$ 59.17	.375	\$ 278.96	\$ 22.16
HOSP INPATIENT TOTAL	41	125	44,335.56	354.68	.048	1081.36	17.01
HSC HOSPITALS	1	6	3,246.82	541.14	.002	3246.82	1.25
NON-HSC HOSPITAL TOTAL	2	5	15,102.60	3020.52	.002	7551.30	5.80
ACCOMMODATIONS	2	5	1,764.73	352.95	.002	882.37	.68
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	1,764.73	352.95	.002	882.37	.68
ANCILLARIES	2	0	13,337.87	.00	.000	6668.94	5.12
INPATIENT CROSSOVERS	38	114	25,986.14	227.95	.044	683.85	9.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	168	851	13,409.88	15.76	.327	79.82	5.15
MEDICAL	1	1	131.39	131.39	.000	131.39	.05
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	17	207.15	12.19	.007	34.53	.08
RADIOLOGY	2	2	51.88	25.94	.001	25.94	.02
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	161	831	13,019.46	15.67	.319	80.87	5.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	207	976	\$	57,745.44	\$ 59.17	.375	\$ 278.96	\$ 22.16
COMM HOSP INPATIENT TOTAL	41	125		44,335.56	354.68	.048	1081.36	17.01
HSC HOSPITALS	1	6		3,246.82	541.14	.002	3246.82	1.25
NON-HSC HOSPITALS TOTAL	2	5		15,102.60	3020.52	.002	7551.30	5.80
ACCOMMODATIONS	2	5		1,764.73	352.95	.002	882.37	.68
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5		1,764.73	352.95	.002	882.37	.68
ANCILLARIES	2	0		13,337.87	.00	.000	6668.94	5.12
INPATIENT CROSSOVERS	38	114		25,986.14	227.95	.044	683.85	9.97
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	168	851		13,409.88	15.76	.327	79.82	5.15
MEDICAL	1	1		131.39	131.39	.000	131.39	.05
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	6	17		207.15	12.19	.007	34.53	.08
RADIOLOGY	2	2		51.88	25.94	.001	25.94	.02
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	161	831		13,019.46	15.67	.319	80.87	5.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	55	1,028	\$	164,085.35	\$ 159.62	.394	\$ 2983.37	\$ 62.96
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	55	1,028		164,085.35	159.62	.394	2983.37	62.96
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	12	14	\$	5,930.87	\$ 423.63	.005	\$ 494.24	\$ 2.28
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	12	14		5,930.87	423.63	.005	494.24	2.28
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	59	91	\$	10,187.27	\$ 111.95	.035	\$ 172.67	\$ 3.91
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	2		91.86	45.93	.001	91.86	.04
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	58	89		10,095.41	113.43	.034	174.06	3.87

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - AGED

AID CODE 10

PAGE 8,964 01/29/04

	2,606 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	256		1,366	\$ 53,810.30	\$ 39.39	.524	\$ 210.20	\$ 20.65
DURABLE MED. EQUIP.	3		4	237.01	59.25	.002	79.00	.09
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	18		23	2,882.50	125.33	.009	160.14	1.11
MEDICAL TRANSPORTATION	6		35	209.65	5.99	.013	34.94	.08
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	1		3	33.11	11.04	.001	33.11	.01

OTHER SERVICES	5	32	176.54	5.52	.012	35.31	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	37	503	34,977.05	69.54	.193	945.33	13.42
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	51	108	1,337.55	12.38	.041	26.23	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	11	11.96	1.09	.004	3.99	.00
PROSTHETIST/ORTHOTISTS	6	12	172.68	14.39	.005	28.78	.07
PROSTHETICS	6	12	172.68	14.39	.005	28.78	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	1,179.70	393.23	.001	589.85	.45
HOSPICE SERVICES	1	10	1,151.36	115.14	.004	1151.36	.44
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	142	657	11,650.84	17.73	.252	82.05	4.47
@CALIF. CHILDREN SERVICES*	1	4	\$ 45.98	\$ 11.50	.002	\$ 45.98	\$.02
@XOVER EXCLUDING STATE HOSP**	713	7,477	\$ 113,586.09	\$ 15.19	2.869	\$ 159.31	\$ 43.59

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 8,965
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND	AID CODE 20	

593 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	438	27,670	\$ 440,642.13	\$ 15.92	46.661	\$ 1006.03	\$ 743.07
@PHYSICIANS SERVICES	147	702	\$ 18,001.77	\$ 25.64	1.184	\$ 122.46	\$ 30.36
OUTPATIENT VISITS	66	93	3,178.46	34.18	.157	48.16	5.36
OFFICE VISITS	42	60	1,602.92	26.72	.101	38.16	2.70
HOME VISITS	1	1	80.10	80.10	.002	80.10	.14
EMERGENCY ROOM	23	27	1,303.67	48.28	.046	56.68	2.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	191.77	38.35	.008	38.35	.32
INPATIENT VISITS	12	82	6,176.94	75.33	.138	514.75	10.42
HOSPITAL VISITS	7	14	712.78	50.91	.024	101.83	1.20
CRITICAL CARE	1	31	4,317.56	139.28	.052	4317.56	7.28
SNF/ICF/TRANS IP CARE	5	37	1,146.60	30.99	.062	229.32	1.93
OPHTHALMOLOGICAL SERVICES	3	3	99.04	33.01	.005	33.01	.17
EXAMINATIONS	3	3	99.04	33.01	.005	33.01	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	13	1,180.14	90.78	.022	393.38	1.99
PRINCIPAL SURGEON	2	5	979.52	195.90	.008	489.76	1.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	200.62	25.08	.013	200.62	.34
OUTPATIENT SURGERY	8	22	742.10	33.73	.037	92.76	1.25
PRINCIPAL SURGEON	7	7	300.43	42.92	.012	42.92	.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	15	441.67	29.44	.025	220.84	.74
DIALYSIS	11	13	2,757.08	212.08	.022	250.64	4.65
PATHOLOGY	14	17	225.55	13.27	.029	16.11	.38
RADIOLOGY	22	82	1,186.68	14.47	.138	53.94	2.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	1	1		13.76	13.76	.002	13.76	.02
OTHER SERVICES/ALL X-OVERS	68	376		2,442.02	6.49	.634	35.91	4.12
@PHARMACY	328	7,280	\$	169,388.75	\$ 23.27	12.277	\$ 516.43	\$ 285.65
PRESCRIPTION DRUGS	320	1,556		165,683.89	106.48	2.624	517.76	279.40
SNF/ICF	16	122		9,721.62	79.69	.206	607.60	16.39
OUTPATIENTS	305	1,434		155,962.27	108.76	2.418	511.35	263.01
MEDICAL SUPPLIES	44	5,724		3,704.86	.65	9.653	84.20	6.25
@DENTIST	28	90	\$	3,555.00	\$ 39.50	.152	\$ 126.96	\$ 5.99
VISITS - DIAGNOSTIC	17	59		1,068.00	18.10	.099	62.82	1.80
ORAL SURGERY	3	6		625.00	104.17	.010	208.33	1.05
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.002	100.00	.17
PERIODONTICS	2	2		255.00	127.50	.003	127.50	.43
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	10	15		1,392.00	92.80	.025	139.20	2.35
PROSTHETICS	1	1		50.00	50.00	.002	50.00	.08

DENTURES, STAYPLATES	1	2	65.00	32.50	.003	65.00	.11
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	4	.00	.00	.007	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,966
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

593 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	15	\$ 1,874.23	\$ 124.95	.025	\$ 312.37	\$ 3.16
DIAGNOSTIC AND ANC. PROCED	3	3	170.01	56.67	.005	56.67	.29
EYE APPLIANCES	4	10	1,668.81	166.88	.017	417.20	2.81
OTHER OPTOMETRIC SERVICES	2	2	35.41	17.71	.003	17.71	.06
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	8	\$ 141.59	\$ 17.70	.013	\$ 17.70	\$.24
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	8	8	141.59	17.70	.013	17.70	.24
@HOME HEALTH AGENCY	6	657	\$ 19,647.09	\$ 29.90	1.108	\$ 3274.52	\$ 33.13
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	102	417	\$ 63,389.28	\$ 152.01	.703	\$ 621.46	\$ 106.90
HOSP INPATIENT TOTAL	12	81	51,811.77	639.65	.137	4317.65	87.37
HSC HOSPITALS	2	33	44,230.00	1340.30	.056	22115.00	74.59
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	10	48	7,581.77	157.95	.081	758.18	12.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	91	336	11,577.51	34.46	.567	127.23	19.52
MEDICAL	10	12	415.28	34.61	.020	41.53	.70
SURGERY	7	7	237.17	33.88	.012	33.88	.40
PATHOLOGY	37	118	1,555.19	13.18	.199	42.03	2.62
RADIOLOGY	15	20	3,333.16	166.66	.034	222.21	5.62
ROOM USE	37	41	1,712.67	41.77	.069	46.29	2.89
CROSSOVERS/ALL OTH OUTPTNT	40	138	4,324.04	31.33	.233	108.10	7.29
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 8,967
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND						
				AID CODE 20	----- MONTHLY AVERAGE -----		
593 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	102	417	\$ 63,389.28	\$ 152.01	.703	\$ 621.46	\$ 106.90
COMM HOSP INPATIENT TOTAL	12	81	51,811.77	639.65	.137	4317.65	87.37
HSC HOSPITALS	2	33	44,230.00	1340.30	.056	22115.00	74.59
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	10	48	7,581.77	157.95	.081	758.18	12.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	91	336	11,577.51	34.46	.567	127.23	19.52
MEDICAL	10	12	415.28	34.61	.020	41.53	.70
SURGERY	7	7	237.17	33.88	.012	33.88	.40
PATHOLOGY	37	118	1,555.19	13.18	.199	42.03	2.62
RADIOLOGY	15	20	3,333.16	166.66	.034	222.21	5.62
ROOM USE	37	41	1,712.67	41.77	.069	46.29	2.89
CROSSOVERS/ALL OTH OUTPTNT	40	138	4,324.04	31.33	.233	108.10	7.29
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	13	303	\$ 66,441.22	\$ 219.28	.511	\$ 5110.86	\$ 112.04
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	5	124	42,763.88	344.87	.209	8552.78	72.11
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	8	179	23,677.34	132.28	.302	2959.67	39.93
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	20	834	\$ 28,246.94	\$ 33.87	1.406	\$ 1412.35	\$ 47.63
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	20	834	28,246.94	33.87	1.406	1412.35	47.63
@REHABILITATION FACILITY	10	229	\$ 3,159.86	\$ 13.80	.386	\$ 315.99	\$ 5.33
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	10	229	3,159.86	13.80	.386	315.99	5.33
@LABORATORY FACILITY	15	87	\$ 1,202.01	\$ 13.82	.147	\$ 80.13	\$ 2.03
PATHOLOGY	15	87	1,202.01	13.82	.147	80.13	2.03
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	21	32	\$ 2,501.60	\$ 78.18	.054	\$ 119.12	\$ 4.22
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	21	32	2,501.60	78.18	.054	119.12	4.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 8,968
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NEVADA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND						
				AID CODE 20			

593 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	142	17,016	\$ 63,092.79	\$ 3.71	28.695 \$ 444.32 \$ 106.40
DURABLE MED. EQUIP.	7	10	13,938.81	1393.88	.017 1991.26 23.51
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	4	5	1,631.43	326.29	.008 407.86 2.75
MEDICAL TRANSPORTATION	11	166	4,203.05	25.32	.280 382.10 7.09
AMBULANCES/AIR TRANS	10	133	2,335.87	17.56	.224 233.59 3.94
OTHER TRANS	1	22	44.95	2.04	.037 44.95 .08
OTHER SERVICES	3	11	1,822.23	165.66	.019 607.41 3.07
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	24	189	13,112.63	69.38	.319 546.36 22.11
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	6	11	175.44	15.95	.019 29.24 .30
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	1	2	2.64	1.32	.003 2.64 .00
PROSTHETIST/ORTHOTISTS	6	21	4,230.42	201.45	.035 705.07 7.13
PROSTHETICS	6	21	4,230.42	201.45	.035 705.07 7.13
ORTHOTICS	0	0	.00	.00	.000 .00 .00
PSYCHOLOGIST	0	0	.00	.00	.000 .00 .00
SPEECH AND AUDIOLOGY	2	2	35.00	17.50	.003 17.50 .06
HOSPICE SERVICES	0	0	.00	.00	.000 .00 .00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000 .00 .00
LOCAL EDUCATION AGENCIES	48	5,100	20,222.49	3.97	8.600 421.30 34.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000 .00 .00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000 .00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000 .00 .00
ALL OTHER PROVIDERS	54	11,510	5,540.88	.48	19.410 102.61 9.34
@CALIF. CHILDREN SERVICES*	39	1,686	\$ 61,190.62	\$ 36.29	2.843 \$ 1568.99 \$ 103.19
@XOVER EXCLUDING STATE HOSP**	106	613	\$ 23,550.40	\$ 38.42	1.034 \$ 222.17 \$ 39.71

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

17,192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,001	361,264	\$ 9,609,120.60	\$ 26.60	21.013 \$ 739.11 \$ 558.93
@PHYSICIANS SERVICES	4,230	14,570	\$ 502,810.90	\$ 34.51	.847 \$ 118.87 \$ 29.25
OUTPATIENT VISITS	2,555	4,011	148,605.92	37.05	.233 58.16 8.64
OFFICE VISITS	1,880	2,629	78,352.16	29.80	.153 41.68 4.56
HOME VISITS	5	5	234.60	46.92	.000 46.92 .01
EMERGENCY ROOM	853	1,195	64,711.46	54.15	.070 75.86 3.76
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	2	3	245.00	81.67	.000 122.50 .01
OTHER OUTPATIENT	170	179	5,062.70	28.28	.010 29.78 .29
INPATIENT VISITS	213	808	37,134.66	45.96	.047 174.34 2.16
HOSPITAL VISITS	185	704	29,029.95	41.24	.041 156.92 1.69
CRITICAL CARE	14	63	6,848.08	108.70	.004 489.15 .40
SNF/ICF/TRANS IP CARE	29	41	1,256.63	30.65	.002 43.33 .07
OPHTHALMOLOGICAL SERVICES	84	91	3,897.97	42.83	.005 46.40 .23
EXAMINATIONS	84	91	3,897.97	42.83	.005 46.40 .23
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	93	680	51,938.01	76.38	.040 558.47 3.02
PRINCIPAL SURGEON	67	116	38,078.00	328.26	.007 568.33 2.21

ASSISTANT SURGEON	15	16		3,268.74	204.30	.001	217.92	.19
ANESTHESIOLOGIST	35	548		10,591.27	19.33	.032	302.61	.62
OUTPATIENT SURGERY	309	761		54,086.42	71.07	.044	175.04	3.15
PRINCIPAL SURGEON	273	324		44,725.83	138.04	.019	163.83	2.60
ASSISTANT SURGEON	2	2		380.46	190.23	.000	190.23	.02
ANESTHESIOLOGIST	51	435		8,980.13	20.64	.025	176.08	.52
DIALYSIS	19	64		5,772.12	90.19	.004	303.80	.34
PATHOLOGY	331	510		10,202.49	20.00	.030	30.82	.59
RADIOLOGY	988	1,724		68,616.43	39.80	.100	69.45	3.99
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	119	586		13,792.08	23.54	.034	115.90	.80
OTHER SERVICES/ALL X-OVERS	1,735	5,335		108,764.80	20.39	.310	62.69	6.33
@PHARMACY	11,002	146,926	\$	5,583,810.45	\$ 38.00	8.546	\$ 507.53	\$ 324.79
PRESCRIPTION DRUGS	10,899	48,304		5,487,255.75	113.60	2.810	503.46	319.17
SNF/ICF	254	1,839		158,233.73	86.04	.107	622.97	9.20
OUTPATIENTS	10,696	46,465		5,329,022.02	114.69	2.703	498.23	309.97
MEDICAL SUPPLIES	661	98,622		96,554.70	.98	5.737	146.07	5.62
@DENTIST	726	2,963	\$	145,043.49	\$ 48.95	.172	\$ 199.78	\$ 8.44
VISITS - DIAGNOSTIC	472	1,593		23,912.64	15.01	.093	50.66	1.39
ORAL SURGERY	116	375		17,927.00	47.81	.022	154.54	1.04
DRUGS	5	5		75.00	15.00	.000	15.00	.00
ANESTHESIA	7	7		700.00	100.00	.000	100.00	.04
PERIODONTICS	28	38		5,963.00	156.92	.002	212.96	.35
ENDODONTICS	49	90		15,761.00	175.12	.005	321.65	.92
RESTORATIVE DENTISTRY	241	662		49,553.60	74.85	.039	205.62	2.88
PROSTHETICS	7	6		150.00	25.00	.000	21.43	.01
DENTURES, STAYPLATES	70	160		30,546.00	190.91	.009	436.37	1.78
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3		350.25	116.75	.000	116.75	.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2		105.00	52.50	.000	52.50	.01
ALL OTHER SERVICES	15	22		.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

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17,192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	344	1,025	\$ 20,819.91	\$ 20.31	.060	\$ 60.52	\$ 1.21
DIAGNOSTIC AND ANC. PROCED	141	141	6,486.80	46.01	.008	46.01	.38
EYE APPLIANCES	297	844	13,507.37	16.00	.049	45.48	.79
OTHER OPTOMETRIC SERVICES	29	40	825.74	20.64	.002	28.47	.05
@CHIROPRACTOR	107	171	\$ 2,779.74	\$ 16.26	.010	\$ 25.98	\$.16
VISITS	98	156	2,566.52	16.45	.009	26.19	.15
OTHER SERVICES	9	15	213.22	14.21	.001	23.69	.01
@PODIATRIST	86	129	\$ 2,168.61	\$ 16.81	.008	\$ 25.22	\$.13
MEDICINE/INJECTIONS	23	39	1,101.75	28.25	.002	47.90	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	64	88	1,032.26	11.73	.005	16.13	.06
@HOME HEALTH AGENCY	89	846	\$ 42,881.28	\$ 50.69	.049	\$ 481.81	\$ 2.49
NURSE ANESTHESIST	3	55	\$ 177.14	\$ 3.22	.003	\$ 59.05	\$.01
NURSE MIDWIFE	2	2	\$ 62.34	\$ 31.17	.000	\$ 31.17	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	74	105	\$ 2,676.80	\$ 25.49	.006	\$ 36.17	\$.16
@TOTAL HOSPITAL	3,001	15,647	\$ 1,867,490.69	\$ 119.35	.910	\$ 622.29	\$ 108.63
HOSP INPATIENT TOTAL	301	1,319	1,515,806.11	1149.21	.077	5035.90	88.17
HSC HOSPITALS	55	455	545,713.07	1199.37	.026	9922.06	31.74
NON-HSC HOSPITAL TOTAL	140	504	881,389.53	1748.79	.029	6295.64	51.27
ACCOMMODATIONS	140	504	222,307.94	441.09	.029	1587.91	12.93

ADMINISTRATIVE DAYS	6	52	24,198.11	465.35	.003	4033.02	1.41
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	137	452	198,109.83	438.30	.026	1446.06	11.52
ANCILLARIES	140	0	659,081.59	.00	.000	4707.73	38.34
INPATIENT CROSSOVERS	114	360	88,703.51	246.40	.021	778.10	5.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,823	14,328	351,684.58	24.55	.833	124.58	20.46
MEDICAL	362	536	19,497.95	36.38	.031	53.86	1.13
SURGERY	208	221	6,362.73	28.79	.013	30.59	.37
PATHOLOGY	1,124	4,914	59,126.94	12.03	.286	52.60	3.44
RADIOLOGY	758	1,120	95,588.09	85.35	.065	126.11	5.56
ROOM USE	1,212	1,819	73,286.51	40.29	.106	60.47	4.26
CROSSOVERS/ALL OTH OUTPTNT	1,423	5,718	97,822.36	17.11	.333	68.74	5.69
@COUNTY HOSPITAL TOTAL	9	24	539.20	22.47	.001	59.91	.03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	24	539.20	22.47	.001	59.91	.03
MEDICAL	2	2	131.31	65.66	.000	65.66	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	95.95	15.99	.000	31.98	.01
RADIOLOGY	2	2	64.86	32.43	.000	32.43	.00
ROOM USE	4	4	151.26	37.82	.000	37.82	.01
CROSSOVERS/ALL OTH OUTPTNT	5	10	95.82	9.58	.001	19.16	.01

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

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FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

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17,192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,996	15,623	\$ 1,866,951.49	\$ 119.50	.909	\$ 623.15	\$ 108.59
COMM HOSP INPATIENT TOTAL	301	1,319	1,515,806.11	1149.21	.077	5035.90	88.17
HSC HOSPITALS	55	455	545,713.07	1199.37	.026	9922.06	31.74
NON-HSC HOSPITALS TOTAL	140	504	881,389.53	1748.79	.029	6295.64	51.27
ACCOMMODATIONS	140	504	222,307.94	441.09	.029	1587.91	12.93
ADMINISTRATIVE DAYS	6	52	24,198.11	465.35	.003	4033.02	1.41
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	137	452	198,109.83	438.30	.026	1446.06	11.52
ANCILLARIES	140	0	659,081.59	.00	.000	4707.73	38.34
INPATIENT CROSSOVERS	114	360	88,703.51	246.40	.021	778.10	5.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,817	14,304	351,145.38	24.55	.832	124.65	20.42
MEDICAL	360	534	19,366.64	36.27	.031	53.80	1.13
SURGERY	208	221	6,362.73	28.79	.013	30.59	.37
PATHOLOGY	1,121	4,908	59,030.99	12.03	.285	52.66	3.43
RADIOLOGY	756	1,118	95,523.23	85.44	.065	126.35	5.56
ROOM USE	1,208	1,815	73,135.25	40.29	.106	60.54	4.25
CROSSOVERS/ALL OTH OUTPTNT	1,419	5,708	97,726.54	17.12	.332	68.87	5.68
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	130	3,494	\$ 449,308.14	\$ 128.59	.203	\$ 3456.22	\$ 26.13
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	21	2,539.53	120.93	.001	2539.53	.15
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	129	3,473	446,768.61	128.64	.202	3463.32	25.99
@INTERMEDIATE CARE FACIL.-DD	2	208	\$ 38,020.32	\$ 182.79	.012	\$ 19010.16	\$ 2.21
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	2	208	38,020.32	182.79	.012	19010.16	2.21
@HEMODIALYSIS TOTAL	79	2,470	\$ 90,682.57	\$ 36.71	.144	\$ 1147.88	\$ 5.27
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	79	2,470	90,682.57	36.71	.144	1147.88	5.27
@REHABILITATION FACILITY	32	497	\$ 6,888.38	\$ 13.86	.029	\$ 215.26	\$.40
HOSPITAL BASED	3	6	329.04	54.84	.000	109.68	.02
INDEPENDENT FACILITY	29	491	6,559.34	13.36	.029	226.18	.38
@LABORATORY FACILITY	286	1,333	\$ 19,560.28	\$ 14.67	.078	\$ 68.39	\$ 1.14

PATHOLOGY	281	1,322		18,974.56		14.35	.077	67.53	1.10
XO AND OTHERS	5	11		585.72		53.25	.001	117.14	.03
@ORGANIZED OUTPATIENT CLINIC	1,265	2,107	\$	256,358.93	\$	121.67	.123	202.66	14.91
CLINIC	52	104		2,299.44		22.11	.006	44.22	.13
SURGICENTER	10	37		1,364.74		36.88	.002	136.47	.08
HEROIN DETOX CLINIC	3	46		545.67		11.86	.003	181.89	.03
RURAL HEALTH CLINIC	1,207	1,920		252,149.08		131.33	.112	208.91	14.67

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

AID CODE 60

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17,192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,850	168,716	\$ 577,580.63	\$ 3.42	9.814	\$ 312.21	\$ 33.60
DURABLE MED. EQUIP.	233	1,043	118,297.45	113.42	.061	507.71	6.88
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	26	32	6,381.41	199.42	.002	245.44	.37
MEDICAL TRANSPORTATION	199	1,327	30,393.31	22.90	.077	152.73	1.77
AMBULANCES/AIR TRANS	177	1,129	27,806.92	24.63	.066	157.10	1.62
OTHER TRANS	4	75	213.29	2.84	.004	53.32	.01
OTHER SERVICES	21	123	2,373.10	19.29	.007	113.00	.14
ACUPUNCTURE	4	12	205.45	17.12	.001	51.36	.01
ADULT DAY HEALTH CARE CTR	109	1,221	84,791.29	69.44	.071	777.90	4.93
GENETIC DISEASE TESTING	4	4	420.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	22	2,700	85,335.22	31.61	.157	3878.87	4.96
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	346	796	9,563.95	12.02	.046	27.64	.56
PHYSICAL THERAPIST	1	5	86.79	17.36	.000	86.79	.01
PORTABLE X-RAY	5	9	110.95	12.33	.001	22.19	.01
PROSTHETIST/ORTHOTISTS	72	163	13,961.56	85.65	.009	193.91	.81
PROSTHETICS	72	163	13,961.56	85.65	.009	193.91	.81
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	27	45	2,770.29	61.56	.003	102.60	.16
HOSPICE SERVICES	14	366	45,170.05	123.42	.021	3226.43	2.63
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	357	29,966	92,763.23	3.10	1.743	259.84	5.40
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	577	131,027	87,329.68	.67	7.621	151.35	5.08
@CALIF. CHILDREN SERVICES*	221	9,967	\$ 191,363.97	\$ 19.20	.580	\$ 865.90	\$ 11.13
@XOVER EXCLUDING STATE HOSP**	1,954	19,455	\$ 279,925.02	\$ 14.39	1.132	\$ 143.26	\$ 16.28

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

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14,493 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,526	44,091	\$ 1,936,676.05	\$ 43.92	3.042	\$ 257.33	\$ 133.63
@PHYSICIANS SERVICES	3,637	8,675	\$ 301,714.61	\$ 34.78	.599	\$ 82.96	\$ 20.82
OUTPATIENT VISITS	3,126	4,360	148,414.64	34.04	.301	47.48	10.24
OFFICE VISITS	2,260	2,907	86,178.50	29.65	.201	38.13	5.95
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1,123	1,382	59,422.42	43.00	.095	52.91	4.10
PREVENTIVE CARE	4	4	174.94	43.74	.000	43.74	.01
OB VISITS/COMPRE PERI	14	26	1,503.78	57.84	.002	107.41	.10

OTHER OUTPATIENT	38	41		1,135.00	27.68	.003	29.87	.08
INPATIENT VISITS	109	367		29,620.58	80.71	.025	271.75	2.04
HOSPITAL VISITS	103	271		14,073.82	51.93	.019	136.64	.97
CRITICAL CARE	16	96		15,546.76	161.95	.007	971.67	1.07
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	42	45		2,236.55	49.70	.003	53.25	.15
EXAMINATIONS	42	45		2,236.55	49.70	.003	53.25	.15
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	64	226		35,714.62	158.03	.016	558.04	2.46
PRINCIPAL SURGEON	46	49		29,411.10	600.23	.003	639.37	2.03
ASSISTANT SURGEON	6	6		939.81	156.64	.000	156.64	.06
ANESTHESIOLOGIST	21	171		5,363.71	31.37	.012	255.41	.37
OUTPATIENT SURGERY	264	448		29,275.88	65.35	.031	110.89	2.02
PRINCIPAL SURGEON	237	280		24,824.57	88.66	.019	104.75	1.71
ASSISTANT SURGEON	1	1		68.88	68.88	.000	68.88	.00
ANESTHESIOLOGIST	37	167		4,382.43	26.24	.012	118.44	.30
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	384	511		5,305.58	10.38	.035	13.82	.37
RADIOLOGY	656	931		24,800.44	26.64	.064	37.81	1.71
PSYCHIATRY	1	1		32.98	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	71	130		1,940.28	14.93	.009	27.33	.13
OTHER SERVICES/ALL X-OVERS	330	1,656		24,373.06	14.72	.114	73.86	1.68
@PHARMACY	3,556	11,378	\$	467,290.79	\$ 41.07	.785	\$ 131.41	\$ 32.24
PRESCRIPTION DRUGS	3,536	7,932		460,581.46	58.07	.547	130.25	31.78
SNF/ICF	1	6		124.10	20.68	.000	124.10	.01
OUTPATIENTS	3,536	7,926		460,457.36	58.09	.547	130.22	31.77
MEDICAL SUPPLIES	51	3,446		6,709.33	1.95	.238	131.56	.46
@DENTIST	784	3,536	\$	120,130.80	\$ 33.97	.244	\$ 153.23	\$ 8.29
VISITS - DIAGNOSTIC	573	2,212		37,045.80	16.75	.153	64.65	2.56
ORAL SURGERY	95	247		13,739.00	55.62	.017	144.62	.95
DRUGS	74	93		2,110.00	22.69	.006	28.51	.15
ANESTHESIA	4	4		400.00	100.00	.000	100.00	.03
PERIODONTICS	5	5		1,000.00	200.00	.000	200.00	.07
ENDODONTICS	62	123		14,781.00	120.17	.008	238.40	1.02
RESTORATIVE DENTISTRY	302	768		41,354.00	53.85	.053	136.93	2.85
PROSTHETICS	3	3		60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	10	19		4,520.00	237.89	.001	452.00	.31
SPACE MAINTAINERS	13	12		2,271.00	189.25	.001	174.69	.16
MAXILLOFACIAL SERVICES	3	3		100.00	33.33	.000	33.33	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	25	30		2,675.00	89.17	.002	107.00	.18
ALL OTHER SERVICES	13	17		75.00	4.41	.001	5.77	.01

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

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	14,493 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	222	655	\$	15,341.73	\$ 23.42	.045	\$ 69.11	\$ 1.06
DIAGNOSTIC AND ANC. PROCED	178	178		8,391.89	47.15	.012	47.15	.58
EYE APPLIANCES	171	476		6,938.43	14.58	.033	40.58	.48
OTHER OPTOMETRIC SERVICES	1	1		11.41	11.41	.000	11.41	.00
@CHIROPRACTOR	50	82	\$	1,371.04	\$ 16.72	.006	\$ 27.42	\$.09
VISITS	50	82		1,371.04	16.72	.006	27.42	.09
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	14	18	\$	628.42	\$ 34.91	.001	\$ 44.89	\$.04
MEDICINE/INJECTIONS	12	14		468.48	33.46	.001	39.04	.03
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	3	4		159.94	39.99	.000	53.31	.01

@HOME HEALTH AGENCY	17	105	\$	4,180.16	\$	39.81	.007	\$	245.89	\$	.29
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	3	8	\$	165.68	\$	20.71	.001	\$	55.23	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	88	111	\$	2,710.90	\$	24.42	.008	\$	30.81	\$	.19
@TOTAL HOSPITAL	1,919	7,906	\$	748,894.27	\$	94.72	.546	\$	390.25	\$	51.67
HOSP INPATIENT TOTAL	89	424		554,013.17		1306.63	.029		6224.87		38.23
HSC HOSPITALS	19	199		255,321.03		1283.02	.014		13437.95		17.62
NON-HSC HOSPITAL TOTAL	71	225		298,692.14		1327.52	.016		4206.93		20.61
ACCOMMODATIONS	71	225		84,701.45		376.45	.016		1192.98		5.84
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	71	225		84,701.45		376.45	.016		1192.98		5.84
ANCILLARIES	71	0		213,990.69		.00	.000		3013.95		14.77
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,883	7,482		194,881.10		26.05	.516		103.50		13.45
MEDICAL	194	249		11,775.76		47.29	.017		60.70		.81
SURGERY	191	203		4,546.15		22.39	.014		23.80		.31
PATHOLOGY	690	2,341		29,402.90		12.56	.162		42.61		2.03
RADIOLOGY	496	634		32,855.66		51.82	.044		66.24		2.27
ROOM USE	1,384	1,776		69,262.14		39.00	.123		50.04		4.78
CROSSOVERS/ALL OTH OUTPTNT	804	2,279		47,038.49		20.64	.157		58.51		3.25
@COUNTY HOSPITAL TOTAL	7	39	\$	1,194.38	\$	30.63	.003	\$	170.63	\$	.08
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	7	39		1,194.38		30.63	.003		170.63		.08
MEDICAL	3	3		189.53		63.18	.000		63.18		.01
SURGERY	2	3		454.24		151.41	.000		227.12		.03
PATHOLOGY	1	6		43.32		7.22	.000		43.32		.00
RADIOLOGY	3	5		126.38		25.28	.000		42.13		.01
ROOM USE	6	7		235.29		33.61	.000		39.22		.02
CROSSOVERS/ALL OTH OUTPTNT	4	15		145.62		9.71	.001		36.41		.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

	14,493 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,914	7,867	\$	747,699.89	\$ 95.04	.543	\$ 390.65	\$ 51.59
COMM HOSP INPATIENT TOTAL	89	424		554,013.17	1306.63	.029	6224.87	38.23
HSC HOSPITALS	19	199		255,321.03	1283.02	.014	13437.95	17.62
NON-HSC HOSPITALS TOTAL	71	225		298,692.14	1327.52	.016	4206.93	20.61
ACCOMMODATIONS	71	225		84,701.45	376.45	.016	1192.98	5.84
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	71	225		84,701.45	376.45	.016	1192.98	5.84
ANCILLARIES	71	0		213,990.69	.00	.000	3013.95	14.77
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,878	7,443		193,686.72	26.02	.514	103.13	13.36
MEDICAL	191	246		11,586.23	47.10	.017	60.66	.80

SURGERY	189	200		4,091.91		20.46	.014	21.65	.28
PATHOLOGY	689	2,335		29,359.58		12.57	.161	42.61	2.03
RADIOLOGY	493	629		32,729.28		52.03	.043	66.39	2.26
ROOM USE	1,379	1,769		69,026.85		39.02	.122	50.06	4.76
CROSSOVERS/ALL OTH OUTPTNT	801	2,264		46,892.87		20.71	.156	58.54	3.24
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	215	573	\$ 9,970.31	\$ 17.40	.040	\$ 46.37	\$.69
PATHOLOGY	215	573	9,970.31	17.40	.040	46.37	.69
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	852	1,574	\$ 194,348.65	\$ 123.47	.109	\$ 228.11	\$ 13.41
CLINIC	126	437	11,288.36	25.83	.030	89.59	.78
SURGICENTER	7	41	1,238.33	30.20	.003	176.90	.09
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	731	1,096	181,821.96	165.90	.076	248.73	12.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 8,976
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
14,493 ELIGIBLES							
@ALL OTHER PROVIDERS	942	9,470	\$ 69,928.69	\$ 7.38	.653	\$ 74.23	\$ 4.82
DURABLE MED. EQUIP.	20	36	1,584.62	44.02	.002	79.23	.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	67	540	23,598.83	43.70	.037	352.22	1.63
AMBULANCES/AIR TRANS	66	534	12,798.83	23.97	.037	193.92	.88
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	6	6	10,800.00	1800.00	.000	1800.00	.75
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9	945.00	105.00	.001	105.00	.07
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	165	352	3,080.74	8.75	.024	18.67	.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	16	24	2,209.73	92.07	.002	138.11	.15
PROSTHETICS	14	22	2,070.10	94.10	.002	147.86	.14
ORTHOTICS	2	2	139.63	69.82	.000	69.82	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	13	33	5,943.10	180.09	.002	457.16	.41
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	666	4,889	31,616.17	6.47	.337	47.47	2.18
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	3,587	950.50	.26	.247	158.42	.07
@CALIF. CHILDREN SERVICES*	77	2,254	\$ 250,808.58	\$ 111.27	.156	\$ 3257.25	\$ 17.31
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 57.91	\$ 28.96	.000	\$ 28.96	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 8,977
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL	

----- MONTHLY AVERAGE -----

34,884 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22,880	475,507	\$ 12,789,742.05	\$ 26.90	13.631	\$ 558.99	\$ 366.64
@PHYSICIANS SERVICES	8,394	25,610	\$ 848,435.46	\$ 33.13	.734	\$ 101.08	\$ 24.32
OUTPATIENT VISITS	5,753	8,471	300,545.80	35.48	.243	52.24	8.62
OFFICE VISITS	4,187	5,602	166,372.28	29.70	.161	39.74	4.77
HOME VISITS	6	6	314.70	52.45	.000	52.45	.01
EMERGENCY ROOM	2,000	2,605	125,545.63	48.19	.075	62.77	3.60
PREVENTIVE CARE	4	4	174.94	43.74	.000	43.74	.01
OB VISITS/COMPRI PERI	16	29	1,748.78	60.30	.001	109.30	.05
OTHER OUTPATIENT	213	225	6,389.47	28.40	.006	30.00	.18
INPATIENT VISITS	335	1,261	73,083.38	57.96	.036	218.16	2.10
HOSPITAL VISITS	296	993	43,967.75	44.28	.028	148.54	1.26
CRITICAL CARE	31	190	26,712.40	140.59	.005	861.69	.77
SNF/ICF/TRANS IP CARE	34	78	2,403.23	30.81	.002	70.68	.07
OPHTHALMOLOGICAL SERVICES	130	140	6,291.35	44.94	.004	48.40	.18
EXAMINATIONS	130	140	6,291.35	44.94	.004	48.40	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	161	920	90,321.97	98.18	.026	561.01	2.59
PRINCIPAL SURGEON	116	171	69,957.82	409.11	.005	603.08	2.01
ASSISTANT SURGEON	21	22	4,208.55	191.30	.001	200.41	.12
ANESTHESIOLOGIST	57	727	16,155.60	22.22	.021	283.43	.46
OUTPATIENT SURGERY	582	1,232	85,109.61	69.08	.035	146.24	2.44
PRINCIPAL SURGEON	518	612	70,856.04	115.78	.018	136.79	2.03
ASSISTANT SURGEON	3	3	449.34	149.78	.000	149.78	.01
ANESTHESIOLOGIST	90	617	13,804.23	22.37	.018	153.38	.40
DIALYSIS	30	77	8,529.20	110.77	.002	284.31	.24
PATHOLOGY	734	1,056	15,802.32	14.96	.030	21.53	.45
RADIOLOGY	1,672	2,747	94,760.86	34.50	.079	56.68	2.72
PSYCHIATRY	1	1	32.98	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	191	717	15,746.12	21.96	.021	82.44	.45
OTHER SERVICES/ALL X-OVERS	2,503	8,988	158,211.87	17.60	.258	63.21	4.54
@PHARMACY	16,573	202,540	\$ 6,693,696.56	\$ 33.05	5.806	\$ 403.89	\$ 191.88
PRESCRIPTION DRUGS	16,422	64,617	6,570,661.67	101.69	1.852	400.11	188.36
SNF/ICF	327	2,299	186,185.70	80.99	.066	569.38	5.34
OUTPATIENTS	16,162	62,318	6,384,475.97	102.45	1.786	395.03	183.02
MEDICAL SUPPLIES	892	137,923	123,034.89	.89	3.954	137.93	3.53
@DENTIST	1,602	6,785	\$ 278,305.29	\$ 41.02	.195	\$ 173.72	\$ 7.98
VISITS - DIAGNOSTIC	1,104	3,981	63,865.44	16.04	.114	57.85	1.83
ORAL SURGERY	226	642	32,897.00	51.24	.018	145.56	.94
DRUGS	79	98	2,185.00	22.30	.003	27.66	.06
ANESTHESIA	12	12	1,200.00	100.00	.000	100.00	.03
PERIODONTICS	36	46	7,336.00	159.48	.001	203.78	.21
ENDODONTICS	111	213	30,542.00	143.39	.006	275.15	.88
RESTORATIVE DENTISTRY	569	1,485	96,457.60	64.95	.043	169.52	2.77
PROSTHETICS	13	12	320.00	26.67	.000	24.62	.01
DENTURES, STAYPLATES	93	202	37,926.00	187.75	.006	407.81	1.09
SPACE MAINTAINERS	13	12	2,271.00	189.25	.000	174.69	.07
MAXILLOFACIAL SERVICES	6	6	450.25	75.04	.000	75.04	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	27	32	2,780.00	86.88	.001	102.96	.08
ALL OTHER SERVICES	32	44	75.00	1.70	.001	2.34	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 8,978					
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NEVADA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL						

34,884 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	608	1,784	\$ 39,754.45	\$ 22.28	.051	\$ 65.39	\$ 1.14
DIAGNOSTIC AND ANC. PROCED	323	323	15,096.15	46.74	.009	46.74	.43

EYE APPLIANCES	500	1,402		23,355.61		16.66	.040	46.71	.67
OTHER OPTOMETRIC SERVICES	42	59		1,302.69		22.08	.002	31.02	.04
@CHIROPRACTOR	162	261	\$	4,281.12	\$	16.40	.007	26.43	.12
VISITS	148	238		3,937.56		16.54	.007	26.61	.11
OTHER SERVICES	14	23		343.56		14.94	.001	24.54	.01
@PODIATRIST	163	223	\$	3,407.90	\$	15.28	.006	20.91	.10
MEDICINE/INJECTIONS	35	53		1,570.23		29.63	.002	44.86	.05
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000	34.60	.00
OTHER	130	168		1,803.07		10.73	.005	13.87	.05
@HOME HEALTH AGENCY	113	1,614	\$	67,127.59	\$	41.59	.046	594.05	1.92
NURSE ANESTHESIST	5	73	\$	232.97	\$	3.19	.002	46.59	.01
NURSE MIDWIFE	5	10	\$	228.02	\$	22.80	.000	45.60	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	164	219	\$	5,447.90	\$	24.88	.006	33.22	.16
@TOTAL HOSPITAL	5,229	24,946	\$	2,737,519.68	\$	109.74	.715	523.53	78.47
HOSP INPATIENT TOTAL	443	1,949		2,165,966.61		1111.32	.056	4889.32	62.09
HSC HOSPITALS	77	693		848,510.92		1224.40	.020	11019.62	24.32
NON-HSC HOSPITAL TOTAL	213	734		1,195,184.27		1628.32	.021	5611.19	34.26
ACCOMMODATIONS	213	734		308,774.12		420.67	.021	1449.64	8.85
ADMINISTRATIVE DAYS	6	52		24,198.11		465.35	.001	4033.02	.69
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	210	682		284,576.01		417.27	.020	1355.12	8.16
ANCILLARIES	213	0		886,410.15		.00	.000	4161.55	25.41
INPATIENT CROSSOVERS	162	522		122,271.42		234.24	.015	754.76	3.51
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,965	22,997		571,553.07		24.85	.659	115.12	16.38
MEDICAL	567	798		31,820.38		39.88	.023	56.12	.91
SURGERY	406	431		11,146.05		25.86	.012	27.45	.32
PATHOLOGY	1,857	7,390		90,292.18		12.22	.212	48.62	2.59
RADIOLOGY	1,271	1,776		131,828.79		74.23	.051	103.72	3.78
ROOM USE	2,633	3,636		144,261.32		39.68	.104	54.79	4.14
CROSSOVERS/ALL OTH OUTPTNT	2,428	8,966		162,204.35		18.09	.257	66.81	4.65
@COUNTY HOSPITAL TOTAL	16	63	\$	1,733.58	\$	27.52	.002	108.35	.05
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	16	63		1,733.58		27.52	.002	108.35	.05
MEDICAL	5	5		320.84		64.17	.000	64.17	.01
SURGERY	2	3		454.24		151.41	.000	227.12	.01
PATHOLOGY	4	12		139.27		11.61	.000	34.82	.00
RADIOLOGY	5	7		191.24		27.32	.000	38.25	.01
ROOM USE	10	11		386.55		35.14	.000	38.66	.01
CROSSOVERS/ALL OTH OUTPTNT	9	25		241.44		9.66	.001	26.83	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN THRU DEC 2003								
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NEVADA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL								

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	34,884 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,219	24,883	\$	2,735,786.10	\$ 109.95	.713	\$ 524.20	\$ 78.43
COMM HOSP INPATIENT TOTAL	443	1,949		2,165,966.61	1111.32	.056	4889.32	62.09
HSC HOSPITALS	77	693		848,510.92	1224.40	.020	11019.62	24.32

NON-HSC HOSPITALS TOTAL	213	734		1,195,184.27	1628.32	.021	5611.19	34.26
ACCOMMODATIONS	213	734		308,774.12	420.67	.021	1449.64	8.85
ADMINISTRATIVE DAYS	6	52		24,198.11	465.35	.001	4033.02	.69
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	210	682		284,576.01	417.27	.020	1355.12	8.16
ANCILLARIES	213	0		886,410.15	.00	.000	4161.55	25.41
INPATIENT CROSSOVERS	162	522		122,271.42	234.24	.015	754.76	3.51
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,954	22,934		569,819.49	24.85	.657	115.02	16.33
MEDICAL	562	793		31,499.54	39.72	.023	56.05	.90
SURGERY	404	428		10,691.81	24.98	.012	26.46	.31
PATHOLOGY	1,853	7,378		90,152.91	12.22	.212	48.65	2.58
RADIOLOGY	1,266	1,769		131,637.55	74.41	.051	103.98	3.77
ROOM USE	2,624	3,625		143,874.77	39.69	.104	54.83	4.12
CROSSOVERS/ALL OTH OUTPTNT	2,421	8,941		161,962.91	18.11	.256	66.90	4.64
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	198	4,825	\$	679,834.71	140.90	.138	3433.51	19.49
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	21		2,539.53	120.93	.001	2539.53	.07
LEV B-SUBACUTE FREESTANDING	5	124		42,763.88	344.87	.004	8552.78	1.23
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	192	4,680		634,531.30	135.58	.134	3304.85	18.19
@INTERMEDIATE CARE FACIL.-DD	2	208	\$	38,020.32	182.79	.006	19010.16	1.09
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	2	208		38,020.32	182.79	.006	19010.16	1.09
@HEMODIALYSIS TOTAL	111	3,318	\$	124,860.38	37.63	.095	1124.87	3.58
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	111	3,318		124,860.38	37.63	.095	1124.87	3.58
@REHABILITATION FACILITY	42	726	\$	10,048.24	13.84	.021	239.24	.29
HOSPITAL BASED	3	6		329.04	54.84	.000	109.68	.01
INDEPENDENT FACILITY	39	720		9,719.20	13.50	.021	249.21	.28
@LABORATORY FACILITY	516	1,993	\$	30,732.60	15.42	.057	59.56	.88
PATHOLOGY	511	1,982		30,146.88	15.21	.057	59.00	.86
XO AND OTHERS	5	11		585.72	53.25	.000	117.14	.02
@ORGANIZED OUTPATIENT CLINIC	2,197	3,804	\$	463,396.45	121.82	.109	210.92	13.28
CLINIC	178	541		13,587.80	25.12	.016	76.34	.39
SURGICENTER	18	80		2,694.93	33.69	.002	149.72	.08
HEROIN DETOX CLINIC	3	46		545.67	11.86	.001	181.89	.02
RURAL HEALTH CLINIC	2,017	3,137		446,568.05	142.36	.090	221.40	12.80

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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						----- MONTHLY AVERAGE -----		
34,884 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,190	196,568	\$ 764,412.41	\$ 3.89	5.635	\$ 239.63	\$ 21.91	
DURABLE MED. EQUIP.	263	1,093	134,057.89	122.65	.031	509.73	3.84	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	48	60	10,895.34	181.59	.002	226.99	.31	
MEDICAL TRANSPORTATION	283	2,068	58,404.84	28.24	.059	206.38	1.67	
AMBULANCES/AIR TRANS	253	1,796	42,941.62	23.91	.051	169.73	1.23	
OTHER TRANS	6	100	291.35	2.91	.003	48.56	.01	
OTHER SERVICES	35	172	15,171.87	88.21	.005	433.48	.43	
ACUPUNCTURE	4	12	205.45	17.12	.000	51.36	.01	
ADULT DAY HEALTH CARE CTR	170	1,913	132,880.97	69.46	.055	781.65	3.81	
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.000	105.00	.04	

IHMC,MODEL-NF,NF,AIDS,MSSP	22	2,700	85,335.22	31.61	.077	3878.87	2.45
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	568	1,267	14,157.68	11.17	.036	24.93	.41
PHYSICAL THERAPIST	1	5	86.79	17.36	.000	86.79	.00
PORTABLE X-RAY	9	22	125.55	5.71	.001	13.95	.00
PROSTHETIST/ORTHOTISTS	100	220	20,574.39	93.52	.006	205.74	.59
PROSTHETICS	98	218	20,434.76	93.74	.006	208.52	.59
ORTHOTICS	2	2	139.63	69.82	.000	69.82	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	44	83	9,928.09	119.62	.002	225.64	.28
HOSPICE SERVICES	15	376	46,321.41	123.20	.011	3088.09	1.33
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,071	39,955	144,601.89	3.62	1.145	135.02	4.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	779	146,781		105,471.90		.72	4.208	135.39	3.02
@CALIF. CHILDREN SERVICES*	338	13,911	\$	503,409.15	\$	36.19	.399	\$ 1489.38	\$ 14.43
@XOVER EXCLUDING STATE HOSP**	2,775	27,547	\$	417,119.42	\$	15.14	.790	\$ 150.31	\$ 11.96

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY

SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

1,379 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	444	2,722	\$ 52,073.75	\$ 19.13	1.974	\$ 117.28	\$ 37.76
@PHYSICIANS SERVICES	268	495	\$ 15,796.95	\$ 31.91	.359	\$ 58.94	\$ 11.46
OUTPATIENT VISITS	238	355	10,770.54	30.34	.257	45.25	7.81
OFFICE VISITS	186	266	7,384.89	27.76	.193	39.70	5.36
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	73	89	3,385.65	38.04	.065	46.38	2.46
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	19	42	2,040.20	48.58	.030	107.38	1.48
HOSPITAL VISITS	18	39	1,621.60	41.58	.028	90.09	1.18
CRITICAL CARE	1	3	418.60	139.53	.002	418.60	.30
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.04
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	41.65	41.65	.001	41.65	.03
PRINCIPAL SURGEON	1	1	31.65	31.65	.001	31.65	.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	10.00	.00	.000	.00	.01
OUTPATIENT SURGERY	10	25	1,769.83	70.79	.018	176.98	1.28
PRINCIPAL SURGEON	9	10	1,318.79	131.88	.007	146.53	.96
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	15	451.04	30.07	.011	150.35	.33
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	5	18.07	3.61	.004	3.61	.01
RADIOLOGY	23	29	413.53	14.26	.021	17.98	.30
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	9	86.84	9.65	.007	28.95	.06
OTHER SERVICES/ALL X-OVERS	22	28	598.50	21.38	.020	27.20	.43
@PHARMACY	193	1,791	\$ 9,602.86	\$ 5.36	1.299	\$ 49.76	\$ 6.96
PRESCRIPTION DRUGS	189	267	7,294.12	27.32	.194	38.59	5.29
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	189	267	7,294.12	27.32	.194	38.59	5.29
MEDICAL SUPPLIES	5	1,524	2,308.74	1.51	1.105	461.75	1.67
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 8,982
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS						AID CODES 47 69
1,379 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	2	2	\$ 81.82	\$ 40.91	.001	\$ 40.91	\$.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 24.98	\$ 24.98	.001	\$ 24.98	\$.02
@TOTAL HOSPITAL	142	399	\$ 24,416.54	\$ 61.19	.289	\$ 171.95	\$ 17.71
HOSP INPATIENT TOTAL	4	9	14,198.45	1577.61	.007	3549.61	10.30
HSC HOSPITALS	2	4	5,120.00	1280.00	.003	2560.00	3.71
NON-HSC HOSPITAL TOTAL	2	5	9,078.45	1815.69	.004	4539.23	6.58
ACCOMMODATIONS	2	5	3,593.64	718.73	.004	1796.82	2.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	3,593.64	718.73	.004	1796.82	2.61
ANCILLARIES	2	0	5,484.81	.00	.000	2742.41	3.98
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	139	390	10,218.09	26.20	.283	73.51	7.41
MEDICAL	49	62	2,189.04	35.31	.045	44.67	1.59
SURGERY	3	6	219.53	36.59	.004	73.18	.16
PATHOLOGY	39	84	841.17	10.01	.061	21.57	.61
RADIOLOGY	20	21	624.79	29.75	.015	31.24	.45
ROOM USE	117	156	5,301.93	33.99	.113	45.32	3.84
CROSSOVERS/ALL OTH OUTPTNT	44	61	1,041.63	17.08	.044	23.67	.76
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

1,379 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	142	399	\$ 24,416.54	\$ 61.19	.289		\$ 171.95	\$ 17.71
COMM HOSP INPATIENT TOTAL	4	9	14,198.45	1577.61	.007		3549.61	10.30
HSC HOSPITALS	2	4	5,120.00	1280.00	.003		2560.00	3.71
NON-HSC HOSPITALS TOTAL	2	5	9,078.45	1815.69	.004		4539.23	6.58
ACCOMMODATIONS	2	5	3,593.64	718.73	.004		1796.82	2.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	2	5	3,593.64	718.73	.004		1796.82	2.61
ANCILLARIES	2	0	5,484.81	.00	.000		2742.41	3.98
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	139	390	10,218.09	26.20	.283		73.51	7.41
MEDICAL	49	62	2,189.04	35.31	.045		44.67	1.59
SURGERY	3	6	219.53	36.59	.004		73.18	.16
PATHOLOGY	39	84	841.17	10.01	.061		21.57	.61
RADIOLOGY	20	21	624.79	29.75	.015		31.24	.45
ROOM USE	117	156	5,301.93	33.99	.113		45.32	3.84
CROSSOVERS/ALL OTH OUTPTNT	44	61	1,041.63	17.08	.044		23.67	.76
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	0	0	.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000		\$.00	\$.00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	1	3	\$ 21.37	\$ 7.12	.002		\$ 21.37	\$.02
PATHOLOGY	1	3	21.37	7.12	.002		21.37	.02
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	7	\$ 1,152.53	\$ 164.65	.005		\$ 192.09	\$.84
CLINIC	0	0	.00	.00	.000		.00	.00
SURGICENTER	0	0	.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	6	7	1,152.53	164.65	.005		192.09	.84

1,379 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	8	24	\$ 976.70	\$ 40.70	.017		\$ 122.09	\$.71

DURABLE MED. EQUIP.	2	4	564.69	141.17	.003	282.35	.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	4	238.79	59.70	.003	79.60	.17
AMBULANCES/AIR TRANS	3	4	238.79	59.70	.003	79.60	.17
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4	98.94	24.74	.003	98.94	.07
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	12	74.28	6.19	.009	37.14	.05
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	9	1,557	\$ 3,565.32	\$ 2.29	1.129	\$ 396.15	\$ 2.59
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,985
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	1,966 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,202	8,052	\$	756,502.75	\$ 93.95	4.096	\$ 629.37	\$ 384.79
@PHYSICIANS SERVICES	592	1,726	\$	133,722.61	\$ 77.48	.878	\$ 225.88	\$ 68.02
OUTPATIENT VISITS	245	326		19,570.24	60.03	.166	79.88	9.95
OFFICE VISITS	119	143		4,916.94	34.38	.073	41.32	2.50
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	68	77		4,205.53	54.62	.039	61.85	2.14
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	76	106		10,447.77	98.56	.054	137.47	5.31
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	103	214		12,561.13	58.70	.109	121.95	6.39
HOSPITAL VISITS	100	187		8,189.29	43.79	.095	81.89	4.17
CRITICAL CARE	6	27		4,371.84	161.92	.014	728.64	2.22
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	115	472		76,051.75	161.13	.240	661.32	38.68
PRINCIPAL SURGEON	81	87		66,330.38	762.42	.044	818.89	33.74
ASSISTANT SURGEON	10	10		1,818.38	181.84	.005	181.84	.92
ANESTHESIOLOGIST	34	375		7,902.99	21.07	.191	232.44	4.02
OUTPATIENT SURGERY	82	136		8,494.81	62.46	.069	103.60	4.32
PRINCIPAL SURGEON	77	102		7,271.53	71.29	.052	94.44	3.70

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	20	34		1,223.28		35.98	.017	61.16	.62
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	115	208		2,197.49		10.56	.106	19.11	1.12
RADIOLOGY	170	204		7,751.96		38.00	.104	45.60	3.94
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	44	99		2,053.06		20.74	.050	46.66	1.04
OTHER SERVICES/ALL X-OVERS	47	67		5,042.17		75.26	.034	107.28	2.56
@PHARMACY	286	451	\$	13,157.19	\$	29.17	.229	\$ 46.00	\$ 6.69
PRESCRIPTION DRUGS	279	418		11,315.42		27.07	.213	40.56	5.76
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	279	418		11,315.42		27.07	.213	40.56	5.76
MEDICAL SUPPLIES	18	33		1,841.77		55.81	.017	102.32	.94
@DENTIST	5	21	\$	310.00	\$	14.76	.011	\$ 62.00	\$.16
VISITS - DIAGNOSTIC	4	7		40.00		5.71	.004	10.00	.02
ORAL SURGERY	0	0		.00		.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	2	.00	.00	.001	.00	.00
RESTORATIVE DENTISTRY	3	12	270.00	22.50	.006	90.00	.14
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,986
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

1,966 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	8	\$ 419.96	\$ 52.50	.004	\$ 69.99	\$.21
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	21	83	\$ 7,407.24	\$ 89.24	.042	\$ 352.73	\$ 3.77
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	632	5,016	\$ 570,977.66	\$ 113.83	2.551	\$ 903.45	\$ 290.43
HOSP INPATIENT TOTAL	105	407	471,189.75	1157.71	.207	4487.52	239.67
HSC HOSPITALS	8	34	47,364.04	1393.06	.017	5920.51	24.09
NON-HSC HOSPITAL TOTAL	98	373	423,825.71	1136.26	.190	4324.75	215.58
ACCOMMODATIONS	98	373	144,538.66	387.50	.190	1474.88	73.52
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	98	373	144,538.66	387.50	.190	1474.88	73.52
ANCILLARIES	98	0	279,287.05	.00	.000	2849.87	142.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	589	4,609	99,787.91	21.65	2.344	169.42	50.76
MEDICAL	17	18	482.08	26.78	.009	28.36	.25
SURGERY	29	36	1,020.53	28.35	.018	35.19	.52
PATHOLOGY	343	1,197	15,612.36	13.04	.609	45.52	7.94
RADIOLOGY	80	84	5,954.87	70.89	.043	74.44	3.03
ROOM USE	383	712	22,672.16	31.84	.362	59.20	11.53
CROSSOVERS/ALL OTH OUTPTNT	372	2,562	54,045.91	21.10	1.303	145.28	27.49
@COUNTY HOSPITAL TOTAL	1	18	\$ 672.62	\$ 37.37	.009	\$ 672.62	\$.34
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	18	672.62	37.37	.009	672.62	.34
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	2	59.22	29.61	.001	59.22	.03
PATHOLOGY	1	9	162.49	18.05	.005	162.49	.08
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	218.54	72.85	.002	218.54	.11
CROSSOVERS/ALL OTH OUTPTNT	1	4	232.37	58.09	.002	232.37	.12

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

PAGE 8,987 01/29/04

1,966 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	631	4,998	\$ 570,305.04	\$ 114.11	2.542	\$ 903.81	\$ 290.08
COMM HOSP INPATIENT TOTAL	105	407	471,189.75	1157.71	.207	4487.52	239.67
HSC HOSPITALS	8	34	47,364.04	1393.06	.017	5920.51	24.09
NON-HSC HOSPITALS TOTAL	98	373	423,825.71	1136.26	.190	4324.75	215.58
ACCOMMODATIONS	98	373	144,538.66	387.50	.190	1474.88	73.52
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	98	373	144,538.66	387.50	.190	1474.88	73.52
ANCILLARIES	98	0	279,287.05	.00	.000	2849.87	142.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	588	4,591	99,115.29	21.59	2.335	168.56	50.41
MEDICAL	17	18	482.08	26.78	.009	28.36	.25
SURGERY	28	34	961.31	28.27	.017	34.33	.49
PATHOLOGY	342	1,188	15,449.87	13.00	.604	45.18	7.86
RADIOLOGY	80	84	5,954.87	70.89	.043	74.44	3.03
ROOM USE	382	709	22,453.62	31.67	.361	58.78	11.42
CROSSOVERS/ALL OTH OUTPTNT	371	2,558	53,813.54	21.04	1.301	145.05	27.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	156	329	\$ 5,709.44	\$ 17.35	.167	\$ 36.60	\$ 2.90
PATHOLOGY	156	329	5,709.44	17.35	.167	36.60	2.90
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	53	209	\$ 15,894.02	\$ 76.05	.106	\$ 299.89	\$ 8.08
CLINIC	26	124	4,578.57	36.92	.063	176.10	2.33

SURGICENTER	5	29	729.52	25.16	.015	145.90	.37
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	22	56	10,585.93	189.03	.028	481.18	5.38

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,988
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	1,966 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	75	209	\$	8,904.63	\$ 42.61	.106	\$ 118.73	\$ 4.53
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	143		2,038.63	14.26	.073	226.51	1.04
AMBULANCES/AIR TRANS	8	142		1,082.38	7.62	.072	135.30	.55
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		956.25	956.25	.001	956.25	.49
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	66	66		6,866.00	104.03	.034	104.03	3.49
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	30	\$	24,019.87	\$ 800.66	.015	\$ 12009.94	\$ 12.22
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,989
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

	25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8	25	\$	2,534.23	\$ 101.37	1.000	\$ 316.78	\$ 101.37
@PHYSICIANS SERVICES	5	11	\$	752.25	\$ 68.39	.440	\$ 150.45	\$ 30.09
OUTPATIENT VISITS	4	4		154.61	38.65	.160	38.65	6.18
OFFICE VISITS	1	1		37.50	37.50	.040	37.50	1.50
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3		117.11	39.04	.120	39.04	4.68
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	1	2		71.24	35.62	.080	71.24	2.85
HOSPITAL VISITS	1	2		71.24	35.62	.080	71.24	2.85
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		57.26		57.26	.040	57.26	2.29
PRINCIPAL SURGEON	1	1		57.26		57.26	.040	57.26	2.29
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	2	2		35.63		17.82	.080	17.82	1.43
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2		433.51		216.76	.080	216.76	17.34
@PHARMACY	1	1	\$	44.48	\$	44.48	.040	44.48	1.78
PRESCRIPTION DRUGS	1	1		44.48		44.48	.040	44.48	1.78
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	1	1		44.48		44.48	.040	44.48	1.78
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,990
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3	12	\$	1,709.50	\$	142.46	.480	\$	569.83	\$	68.38
HOSP INPATIENT TOTAL	1	2		1,447.72		723.86	.080		1447.72		57.91
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		1,447.72		723.86	.080		1447.72		57.91
ACCOMMODATIONS	1	2		605.36		302.68	.080		605.36		24.21
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		605.36		302.68	.080		605.36		24.21
ANCILLARIES	1	0		842.36		.00	.000		842.36		33.69
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	10		261.78		26.18	.400		130.89		10.47
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	65.00	32.50	.080	32.50	2.60
CROSSOVERS/ALL OTH OUTPTNT	2	8	196.78	24.60	.320	98.39	7.87
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 8,991
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	12	\$ 1,709.50	\$ 142.46	.480	\$ 569.83	\$ 68.38
COMM HOSP INPATIENT TOTAL	1	2	1,447.72	723.86	.080	1447.72	57.91
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	1,447.72	723.86	.080	1447.72	57.91
ACCOMMODATIONS	1	2	605.36	302.68	.080	605.36	24.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	605.36	302.68	.080	605.36	24.21
ANCILLARIES	1	0	842.36	.00	.000	842.36	33.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	10	261.78	26.18	.400	130.89	10.47
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	65.00	32.50	.080	32.50	2.60
CROSSOVERS/ALL OTH OUTPTNT	2	8	196.78	24.60	.320	98.39	7.87
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	28.00	\$	28.00	.040	\$ 28.00	\$ 1.12
PATHOLOGY	1	1		28.00		28.00	.040	28.00	1.12
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

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AID CODE 76

25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76	PAGE 8,993 01/29/04
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3,370 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,654	10,799	\$ 811,110.73	\$ 75.11	3.204	\$ 490.39	\$ 240.69
@PHYSICIANS SERVICES	865	2,232	\$ 150,271.81	\$ 67.33	.662	\$ 173.72	\$ 44.59

OUTPATIENT VISITS	487	685		30,495.39	44.52	.203	62.62	9.05
OFFICE VISITS	306	410		12,339.33	30.10	.122	40.32	3.66
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	144	169		7,708.29	45.61	.050	53.53	2.29
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	76	106		10,447.77	98.56	.031	137.47	3.10
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	123	258		14,672.57	56.87	.077	119.29	4.35
HOSPITAL VISITS	119	228		9,882.13	43.34	.068	83.04	2.93
CRITICAL CARE	7	30		4,790.44	159.68	.009	684.35	1.42
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		57.79	57.79	.000	57.79	.02
EXAMINATIONS	1	1		57.79	57.79	.000	57.79	.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	116	473		76,093.40	160.87	.140	655.98	22.58
PRINCIPAL SURGEON	82	88		66,362.03	754.11	.026	809.29	19.69
ASSISTANT SURGEON	10	10		1,818.38	181.84	.003	181.84	.54
ANESTHESIOLOGIST	34	375		7,912.99	21.10	.111	232.74	2.35
OUTPATIENT SURGERY	93	162		10,321.90	63.72	.048	110.99	3.06
PRINCIPAL SURGEON	87	113		8,647.58	76.53	.034	99.40	2.57
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	23	49		1,674.32	34.17	.015	72.80	.50
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	120	213		2,215.56	10.40	.063	18.46	.66
RADIOLOGY	195	235		8,201.12	34.90	.070	42.06	2.43
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	47	108		2,139.90	19.81	.032	45.53	.63
OTHER SERVICES/ALL X-OVERS	71	97		6,074.18	62.62	.029	85.55	1.80
@PHARMACY	480	2,243	\$	22,804.53	\$ 10.17	.666	\$ 47.51	\$ 6.77
PRESCRIPTION DRUGS	469	686		18,654.02	27.19	.204	39.77	5.54
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	469	686		18,654.02	27.19	.204	39.77	5.54
MEDICAL SUPPLIES	23	1,557		4,150.51	2.67	.462	180.46	1.23
@DENTIST	5	21	\$	310.00	\$ 14.76	.006	\$ 62.00	\$.09
VISITS - DIAGNOSTIC	4	7		40.00	5.71	.002	10.00	.01
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	2		.00	.00	.001	.00	.00
RESTORATIVE DENTISTRY	3	12		270.00	22.50	.004	90.00	.08
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 8,994
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76							
							----- MONTHLY AVERAGE -----	
3,370 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	6	8	\$	419.96	\$	52.50	.002	\$ 69.99	\$.12
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	23	85	\$	7,489.06	\$	88.11	.025	\$ 325.61	\$ 2.22
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	24.98	\$	24.98	.000	\$ 24.98	\$.01
@TOTAL HOSPITAL	777	5,427	\$	597,103.70	\$	110.02	1.610	\$ 768.47	\$ 177.18
HOSP INPATIENT TOTAL	110	418		486,835.92		1164.68	.124	4425.78	144.46
HSC HOSPITALS	10	38		52,484.04		1381.16	.011	5248.40	15.57
NON-HSC HOSPITAL TOTAL	101	380		434,351.88		1143.03	.113	4300.51	128.89
ACCOMMODATIONS	101	380		148,737.66		391.41	.113	1472.65	44.14
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	101	380		148,737.66		391.41	.113	1472.65	44.14
ANCILLARIES	101	0		285,614.22		.00	.000	2827.86	84.75
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	730	5,009		110,267.78		22.01	1.486	151.05	32.72
MEDICAL	66	80		2,671.12		33.39	.024	40.47	.79
SURGERY	32	42		1,240.06		29.53	.012	38.75	.37
PATHOLOGY	382	1,281		16,453.53		12.84	.380	43.07	4.88
RADIOLOGY	100	105		6,579.66		62.66	.031	65.80	1.95
ROOM USE	502	870		28,039.09		32.23	.258	55.85	8.32
CROSSOVERS/ALL OTH OUTPTNT	418	2,631		55,284.32		21.01	.781	132.26	16.40
@COUNTY HOSPITAL TOTAL	1	18	\$	672.62	\$	37.37	.005	\$ 672.62	\$.20
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	18		672.62		37.37	.005	672.62	.20
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	1	2		59.22		29.61	.001	59.22	.02
PATHOLOGY	1	9		162.49		18.05	.003	162.49	.05
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	1	3		218.54		72.85	.001	218.54	.06
CROSSOVERS/ALL OTH OUTPTNT	1	4		232.37		58.09	.001	232.37	.07

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

					----- MONTHLY AVERAGE -----			
3,370 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	776	5,409	\$ 596,431.08	\$ 110.27	1.605	\$ 768.60	\$ 176.98	
COMM HOSP INPATIENT TOTAL	110	418	486,835.92	1164.68	.124	4425.78	144.46	
HSC HOSPITALS	10	38	52,484.04	1381.16	.011	5248.40	15.57	
NON-HSC HOSPITALS TOTAL	101	380	434,351.88	1143.03	.113	4300.51	128.89	
ACCOMMODATIONS	101	380	148,737.66	391.41	.113	1472.65	44.14	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

ALL OTHER ACCOM	101	380	148,737.66	391.41	.113	1472.65	44.14
ANCILLARIES	101	0	285,614.22	.00	.000	2827.86	84.75
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	729	4,991	109,595.16	21.96	1.481	150.34	32.52
MEDICAL	66	80	2,671.12	33.39	.024	40.47	.79
SURGERY	31	40	1,180.84	29.52	.012	38.09	.35
PATHOLOGY	381	1,272	16,291.04	12.81	.377	42.76	4.83
RADIOLOGY	100	105	6,579.66	62.66	.031	65.80	1.95
ROOM USE	501	867	27,820.55	32.09	.257	55.53	8.26
CROSSOVERS/ALL OTH OUTPTNT	417	2,627	55,051.95	20.96	.780	132.02	16.34
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	158	333	\$	5,758.81	\$	17.29	.099	\$	36.45
PATHOLOGY	158	333		5,758.81		17.29	.099		36.45
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	59	216	\$	17,046.55	\$	78.92	.064	\$	288.92
CLINIC	26	124		4,578.57		36.92	.037		176.10
SURGICENTER	5	29		729.52		25.16	.009		145.90
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	28	63		11,738.46		186.32	.019		419.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
NEVADA COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76								

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	3,370 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	83	233	\$	9,881.33	\$ 42.41	.069	\$ 119.05	\$ 2.93
DURABLE MED. EQUIP.	2	4		564.69	141.17	.001	282.35	.17
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	147		2,277.42	15.49	.044	189.79	.68
AMBULANCES/AIR TRANS	11	146		1,321.17	9.05	.043	120.11	.39
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		956.25	956.25	.000	956.25	.28
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	66	66		6,866.00	104.03	.020	104.03	2.04
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4		98.94	24.74	.001	98.94	.03
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	12		74.28	6.19	.004	37.14	.02
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	11	1,587	\$	27,585.19	\$ 17.38	.471	\$ 2507.74	\$ 8.19
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,997
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

733 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	592	5,916	\$ 257,198.12	\$ 43.48	8.071	\$ 434.46	\$ 350.88
@PHYSICIANS SERVICES	123	406	\$ 4,407.68	\$ 10.86	.554	\$ 35.83	\$ 6.01
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	123	406	4,407.68	10.86	.554	35.83	6.01
@PHARMACY	533	4,662	\$ 187,000.75	\$ 40.11	6.360	\$ 350.85	\$ 255.12
PRESCRIPTION DRUGS	530	2,312	185,380.57	80.18	3.154	349.77	252.91
SNF/ICF	9	39	1,114.71	28.58	.053	123.86	1.52
OUTPATIENTS	522	2,273	184,265.86	81.07	3.101	353.00	251.39
MEDICAL SUPPLIES	28	2,350	1,620.18	.69	3.206	57.86	2.21
@DENTIST	17	61	\$ 2,635.00	\$ 43.20	.083	\$ 155.00	\$ 3.59
VISITS - DIAGNOSTIC	12	27	493.00	18.26	.037	41.08	.67
ORAL SURGERY	2	2	90.00	45.00	.003	45.00	.12
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	10	1,000.00	100.00	.014	200.00	1.36
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	20	1,052.00	52.60	.027	210.40	1.44
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	2	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,998
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

733 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	14	39	\$ 785.37	\$ 20.14	.053	\$ 56.10	\$ 1.07
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.06
EYE APPLIANCES	12	35	617.71	17.65	.048	51.48	.84
OTHER OPTOMETRIC SERVICES	3	3	120.21	40.07	.004	40.07	.16
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	12	13	\$ 68.90	\$ 5.30	.018	\$ 5.74	\$.09
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	12	13	68.90	5.30	.018	5.74	.09
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	13	\$ 28.02	\$ 2.16	.018	\$ 28.02	\$.04
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	76	323	\$ 21,342.06	\$ 66.07	.441	\$ 280.82	\$ 29.12
HOSP INPATIENT TOTAL	20	87	15,604.29	179.36	.119	780.21	21.29
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20	87	15,604.29	179.36	.119	780.21	21.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	58	236	5,737.77	24.31	.322	98.93	7.83
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	24.15	24.15	.001	24.15	.03
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	57	235	5,713.62	24.31	.321	100.24	7.79
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

733 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	76	323	\$ 21,342.06	\$ 66.07	.441	\$ 280.82	\$ 29.12
COMM HOSP INPATIENT TOTAL	20	87	15,604.29	179.36	.119	780.21	21.29
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20	87	15,604.29	179.36	.119	780.21	21.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	58	236	5,737.77	24.31	.322	98.93	7.83
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	24.15	24.15	.001	24.15	.03
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	57	235	5,713.62	24.31	.321	100.24	7.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	18	179	\$ 34,315.36	\$ 191.71	.244	\$ 1906.41	\$ 46.81
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	18	179	34,315.36	191.71	.244	1906.41	46.81
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	5	\$ 1,859.77	\$ 371.95	.007	\$ 619.92	\$ 2.54
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	5	1,859.77	371.95	.007	619.92	2.54
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$ 226.80	\$ 113.40	.003	\$ 113.40	\$.31
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2	226.80	113.40	.003	113.40	.31

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

PAGE 9,000 01/29/04

733 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	61	213	\$ 4,528.41	\$ 21.26	.291	\$ 74.24	\$ 6.18
DURABLE MED. EQUIP.	2	3	154.35	51.45	.004	77.18	.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	675.75	225.25	.004	225.25	.92
MEDICAL TRANSPORTATION	2	60	112.56	1.88	.082	56.28	.15

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	57	90.45	1.59	.078	90.45	.12
OTHER SERVICES	1	3	22.11	7.37	.004	22.11	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	1	94.96	94.96	.001	94.96	.13
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	33	442.96	13.42	.045	26.06	.60
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	5	90.12	18.02	.007	22.53	.12
PROSTHETICS	4	5	90.12	18.02	.007	22.53	.12
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	3	75.00	25.00	.004	25.00	.10

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	31	105	2,882.71	27.45	.143	92.99	3.93
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	218	820	\$ 45,020.86	\$ 54.90	1.119	\$ 206.52	\$ 61.42

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,001
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	51	\$ 2,829.57	\$ 55.48	5.667	\$ 257.23	\$ 314.40
@PHYSICIANS SERVICES	1	1	\$ 37.13	\$ 37.13	.111	\$ 37.13	\$ 4.13
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	37.13	37.13	.111	37.13	4.13
@PHARMACY	11	41	\$ 1,889.25	\$ 46.08	4.556	\$ 171.75	\$ 209.92
PRESCRIPTION DRUGS	11	41	1,889.25	46.08	4.556	171.75	209.92
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	11	41	1,889.25	46.08	4.556	171.75	209.92
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,002
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.333	\$ 53.11	\$ 5.90
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.333	53.11	5.90
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,003
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	4	\$ 824.00	\$ 206.00	.444	\$ 206.00	\$ 91.56
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	4	824.00	206.00	.444	206.00	91.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,004

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 26.08	\$ 13.04	.222	\$ 26.08	\$ 2.90
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.222	26.08	2.90
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 37.13	\$ 37.13	.111	\$ 37.13	\$ 4.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

PAGE 9,005
01/29/04

355 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	293	3,056	\$ 241,595.97	\$ 79.06	8.608	\$ 824.56	\$ 680.55
@PHYSICIANS SERVICES	31	132	\$ 1,119.28	\$ 8.48	.372	\$ 36.11	\$ 3.15
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	31	132		1,119.28	8.48	.372	36.11	3.15
@PHARMACY	262	1,905	\$	139,332.45	\$ 73.14	5.366	\$ 531.80	\$ 392.49
PRESCRIPTION DRUGS	260	1,087		137,582.85	126.57	3.062	529.16	387.56

SNF/ICF	13	102		9,647.15		94.58	.287	742.09	27.18
OUTPATIENTS	249	985		127,935.70		129.88	2.775	513.80	360.38
MEDICAL SUPPLIES	21	818		1,749.60		2.14	2.304	83.31	4.93
@DENTIST	21	106	\$	5,238.00	\$	49.42	.299	249.43	14.75
VISITS - DIAGNOSTIC	13	42		516.00		12.29	.118	39.69	1.45
ORAL SURGERY	5	43		1,891.00		43.98	.121	378.20	5.33
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	8		463.00		57.88	.023	92.60	1.30
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	4	13		2,368.00		182.15	.037	592.00	6.67
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,006
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

355 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	7	18	\$ 371.50	\$ 20.64	.051	\$ 53.07	\$ 1.05	
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.006	47.45	.27	
EYE APPLIANCES	6	16	276.60	17.29	.045	46.10	.78	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	3	3	\$ 20.67	\$ 6.89	.008	\$ 6.89	\$.06	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	3	3	20.67	6.89	.008	6.89	.06	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	30	115	\$ 3,417.89	\$ 29.72	.324	\$ 113.93	\$ 9.63	
HOSP INPATIENT TOTAL	3	6	2,187.68	364.61	.017	729.23	6.16	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	3	6	2,187.68	364.61	.017	729.23	6.16	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	27	109	1,230.21	11.29	.307	45.56	3.47	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	1	24.15	24.15	.003	24.15	.07	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	26	108	1,206.06	11.17	.304	46.39	3.40	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,007
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

355 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	30	115	\$ 3,417.89	\$ 29.72	.324	\$ 113.93	\$ 9.63
COMM HOSP INPATIENT TOTAL	3	6	2,187.68	364.61	.017	729.23	6.16
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	6	2,187.68	364.61	.017	729.23	6.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	27	109	1,230.21	11.29	.307	45.56	3.47
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	24.15	24.15	.003	24.15	.07
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	26	108	1,206.06	11.17	.304	46.39	3.40
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	7	310	\$ 56,664.90	\$ 182.79	.873	\$ 8094.99	\$ 159.62
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	7	310	56,664.90	182.79	.873	8094.99	159.62
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	22	42	\$	4,128.64	\$ 98.30	.118	\$ 187.67	\$ 11.63
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	22	42		4,128.64	98.30	.118	187.67	11.63

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,008
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

355 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	61	425	\$ 31,302.64	\$ 73.65	1.197	\$ 513.16	\$ 88.18
DURABLE MED. EQUIP.	1	6	6,091.02	1015.17	.017	6091.02	17.16
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	16	10.55	.66	.045	10.55	.03
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	16	10.55	.66	.045	10.55	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	24	329	22,858.33	69.48	.927	952.43	64.39
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	42.72	10.68	.011	21.36	.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	5	98.59	19.72	.014	32.86	.28
PROSTHETICS	3	5	98.59	19.72	.014	32.86	.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	4.69	1.56	.008	4.69	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	32	62	2,196.74	35.43	.175	68.65	6.19
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	91	827	\$ 7,712.61	\$ 9.33	2.330	\$ 84.75	\$ 21.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,009
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

PAGE 9,010 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,011
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE	9,012
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED							

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE	9,013
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04

NEVADA COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

1,097 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	896	9,023	\$ 501,623.66	\$ 55.59	8.225	\$ 559.85	\$ 457.27
@PHYSICIANS SERVICES	155	539	\$ 5,564.09	\$ 10.32	.491	\$ 35.90	\$ 5.07
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	155	539	5,564.09	10.32	.491	35.90	5.07
@PHARMACY	806	6,608	\$ 328,222.45	\$ 49.67	6.024	\$ 407.22	\$ 299.20
PRESCRIPTION DRUGS	801	3,440	324,852.67	94.43	3.136	405.56	296.13
SNF/ICF	22	141	10,761.86	76.33	.129	489.18	9.81
OUTPATIENTS	782	3,299	314,090.81	95.21	3.007	401.65	286.32
MEDICAL SUPPLIES	49	3,168	3,369.78	1.06	2.888	68.77	3.07
@DENTIST	38	167	\$ 7,873.00	\$ 47.14	.152	\$ 207.18	\$ 7.18
VISITS - DIAGNOSTIC	25	69	1,009.00	14.62	.063	40.36	.92
ORAL SURGERY	7	45	1,981.00	44.02	.041	283.00	1.81
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	10	18	1,463.00	81.28	.016	146.30	1.33
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	33	3,420.00	103.64	.030	380.00	3.12
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	2	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

PAGE 9,014
01/29/04

1,097 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY----- MONTHLY AVERAGE -----
UNITS/DAYS
PER ELIGCOST PER
USERCOST PER
ELIGIBLE

@OPTOMETRIST	22	60	\$	1,209.98	\$	20.17	.055	\$	55.00	\$	1.10
DIAGNOSTIC AND ANC. PROCED	3	3		142.35		47.45	.003		47.45		.13
EYE APPLIANCES	19	54		947.42		17.54	.049		49.86		.86
OTHER OPTOMETRIC SERVICES	3	3		120.21		40.07	.003		40.07		.11
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	15	16	\$	89.57	\$	5.60	.015	\$	5.97	\$	.08
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	15	16		89.57		5.60	.015		5.97		.08
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	13	\$	28.02	\$	2.16	.012	\$	28.02	\$	.03
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	106	438	\$	24,759.95	\$	56.53	.399	\$	233.58	\$	22.57
HOSP INPATIENT TOTAL	23	93		17,791.97		191.31	.085		773.56		16.22
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	23	93		17,791.97		191.31	.085		773.56		16.22
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	85	345		6,967.98		20.20	.314		81.98		6.35
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	2		48.30		24.15	.002		24.15		.04
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	83	343		6,919.68		20.17	.313		83.37		6.31
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,015
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	1,097 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	106	438	\$	24,759.95	\$ 56.53	.399	\$ 233.58	\$ 22.57

COMM HOSP INPATIENT TOTAL	23	93	17,791.97	191.31	.085	773.56	16.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	23	93	17,791.97	191.31	.085	773.56	16.22
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	85	345	6,967.98	20.20	.314	81.98	6.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	48.30	24.15	.002	24.15	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	83	343		6,919.68	20.17	.313	83.37	6.31
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	18	179	\$	34,315.36	191.71	.163	1906.41	31.28
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	18	179		34,315.36	191.71	.163	1906.41	31.28
@INTERMEDIATE CARE FACIL.-DD	7	310	\$	56,664.90	182.79	.283	8094.99	51.65
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	7	310		56,664.90	182.79	.283	8094.99	51.65
@HEMODIALYSIS TOTAL	3	5	\$	1,859.77	371.95	.005	619.92	1.70
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	5		1,859.77	371.95	.005	619.92	1.70
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	28	48	\$	5,179.44	107.91	.044	184.98	4.72
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	28	48		5,179.44	107.91	.044	184.98	4.72
#CALIF DEPT OF HEALTH SERV								
MOP024								
NEVADA COUNTY								
				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003				PAGE 9,016
				FEE-FOR-SERVICE/DENTAL				01/29/04
				SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL				

	1,097 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	123	640	\$	35,857.13	\$ 56.03	.583	\$ 291.52	\$ 32.69
DURABLE MED. EQUIP.	3	9		6,245.37	693.93	.008	2081.79	5.69
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3		675.75	225.25	.003	225.25	.62
MEDICAL TRANSPORTATION	3	76		123.11	1.62	.069	41.04	.11
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	1	57		90.45	1.59	.052	90.45	.08
OTHER SERVICES	2	19		32.66	1.72	.017	16.33	.03
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	25	330		22,953.29	69.56	.301	918.13	20.92
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	20	39		511.76	13.12	.036	25.59	.47
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	10		188.71	18.87	.009	26.96	.17
PROSTHETICS	7	10		188.71	18.87	.009	26.96	.17
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	6		79.69	13.28	.005	19.92	.07
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	63	167	5,079.45	30.42	.152	80.63	4.63
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	310	1,648	\$ 52,770.60	\$ 32.02	1.502	\$ 170.23	\$ 48.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,017
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

654 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	516	10,569	\$ 273,412.16	\$ 25.87	16.161	\$ 529.87	\$ 418.06
@PHYSICIANS SERVICES	70	133	\$ 2,271.98	\$ 17.08	.203	\$ 32.46	\$ 3.47
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	70	133	2,271.98	17.08	.203	32.46	3.47
@PHARMACY	450	7,899	\$ 141,810.84	\$ 17.95	12.078	\$ 315.14	\$ 216.84
PRESCRIPTION DRUGS	449	2,070	136,712.68	66.04	3.165	304.48	209.04
SNF/ICF	9	42	3,543.58	84.37	.064	393.73	5.42
OUTPATIENTS	443	2,028	133,169.10	65.67	3.101	300.61	203.62
MEDICAL SUPPLIES	54	5,829	5,098.16	.87	8.913	94.41	7.80
@DENTIST	7	30	\$ 1,700.00	\$ 56.67	.046	\$ 242.86	\$ 2.60
VISITS - DIAGNOSTIC	3	7	129.00	18.43	.011	43.00	.20
ORAL SURGERY	2	2	90.00	45.00	.003	45.00	.14
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	7	436.00	62.29	.011	145.33	.67
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	14	1,045.00	74.64	.021	348.33	1.60
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,018
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

654 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	6	\$ 106.22	\$ 17.70	.009	\$ 53.11	\$.16
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	6	106.22	17.70	.009	53.11	.16
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	14	16	\$ 167.36	\$ 10.46	.024	\$ 11.95	\$.26
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	14	16	167.36	10.46	.024	11.95	.26
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$ 42.10	\$ 21.05	.003	\$ 21.05	\$.06
@TOTAL HOSPITAL	65	276	\$ 20,724.94	\$ 75.09	.422	\$ 318.85	\$ 31.69
HOSP INPATIENT TOTAL	21	50	16,094.64	321.89	.076	766.41	24.61
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	21	50	16,094.64	321.89	.076	766.41	24.61
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	45	226	4,630.30	20.49	.346	102.90	7.08
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	45	226	4,630.30	20.49	.346	102.90	7.08
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,019
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

654 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	65	276	\$ 20,724.94	\$ 75.09	.422	\$ 318.85	\$ 31.69
COMM HOSP INPATIENT TOTAL	21	50	16,094.64	321.89	.076	766.41	24.61
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	21	50	16,094.64	321.89	.076	766.41	24.61
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	45	226	4,630.30	20.49	.346	102.90	7.08
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	45	226	4,630.30	20.49	.346	102.90	7.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	14	347	\$ 44,123.51	\$ 127.16	.531	\$ 3151.68	\$ 67.47
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	14	347	44,123.51	127.16	.531	3151.68	67.47
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	31	\$ 1,331.33	\$ 42.95	.047	\$ 102.41	\$ 2.04
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	13	31	1,331.33	42.95	.047	102.41	2.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,020
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

654 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	----- MONTHLY AVERAGE -----		
					UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	158	1,829	\$	61,133.88	\$ 33.42	2.797	\$ 386.92	\$ 93.48
DURABLE MED. EQUIP.	2	2		79.41	39.71	.003	39.71	.12
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		50.00	25.00	.003	25.00	.08
MEDICAL TRANSPORTATION	1	11		30.65	2.79	.017	30.65	.05
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	1	11		30.65	2.79	.017	30.65	.05
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	50	741		51,446.58	69.43	1.133	1028.93	78.66
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	8	16		199.20	12.45	.024	24.90	.30
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	3	6	5.96	.99	.009	1.99	.01
PROSTHETIST/ORTHOTISTS	7	14	1,300.19	92.87	.021	185.74	1.99
PROSTHETICS	7	14	1,300.19	92.87	.021	185.74	1.99
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	2	227.24	113.62	.003	227.24	.35
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	100	1,035	7,794.65	7.53	1.583	77.95	11.92
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	207	997	\$ 36,880.03	\$ 36.99	1.524	\$ 178.16	\$ 56.39

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,021
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

81 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	66	942	\$ 81,045.35	\$ 86.04	11.630	\$ 1227.96	\$ 1000.56
@PHYSICIANS SERVICES	26	268	\$ 1,147.05	\$ 4.28	3.309	\$ 44.12	\$ 14.16
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	26	268	1,147.05	4.28	3.309	44.12	14.16
@PHARMACY	52	326	\$ 44,961.67	\$ 137.92	4.025	\$ 864.65	\$ 555.08
PRESCRIPTION DRUGS	51	325	44,950.97	138.31	4.012	881.39	554.95
SNF/ICF	2	13	667.04	51.31	.160	333.52	8.24
OUTPATIENTS	49	312	44,283.93	141.94	3.852	903.75	546.72
MEDICAL SUPPLIES	1	1	10.70	10.70	.012	10.70	.13
@DENTIST	1	3	\$ 83.00	\$ 27.67	.037	\$ 83.00	\$ 1.02

81 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
VISITS - DIAGNOSTIC	1	3	83.00	27.67	.037	83.00	1.02
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,022 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28							
----- MONTHLY AVERAGE -----							
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	8	\$ 109.94	\$ 13.74	.099	\$ 27.49	\$ 1.36
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	8	109.94	13.74	.099	27.49	1.36
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	74	\$ 3,603.73	\$ 48.70	.914	\$ 240.25	\$ 44.49
HOSP INPATIENT TOTAL	3	17	2,520.00	148.24	.210	840.00	31.11
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	17	2,520.00	148.24	.210	840.00	31.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12	57	1,083.73	19.01	.704	90.31	13.38
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	14.29	7.15	.025	14.29	.18
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	55	1,069.44	19.44	.679	97.22	13.20
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,023
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

81 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	74	\$ 3,603.73	\$ 48.70	.914	\$ 240.25	\$ 44.49
COMM HOSP INPATIENT TOTAL	3	17	2,520.00	148.24	.210	840.00	31.11
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	17	2,520.00	148.24	.210	840.00	31.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12	57	1,083.73	19.01	.704	90.31	13.38
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	14.29	7.15	.025	14.29	.18
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	55	1,069.44	19.44	.679	97.22	13.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	65	\$ 19,138.54	\$ 294.44	.802	\$ 6379.51	\$ 236.28
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	65	19,138.54	294.44	.802	6379.51	236.28
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	19	28	\$ 10,202.60	\$ 364.38	.346	\$ 536.98	\$ 125.96
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	19	28	10,202.60	364.38	.346	536.98	125.96
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	5	6	\$	1,236.00	\$	206.00	.074	\$	247.20	\$	15.26
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	6		1,236.00		206.00	.074		247.20		15.26

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,024
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

81 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	164	\$ 562.82	\$ 3.43	2.025	\$ 80.40	\$ 6.95
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	139	136.96	.99	1.716	68.48	1.69
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	46	118.22	2.57	.568	118.22	1.46
OTHER SERVICES	1	93	18.74	.20	1.148	18.74	.23
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.50	.50	.012	.50	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	24	425.36	17.72	.296	106.34	5.25
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	38	477	\$ 19,240.63	\$ 40.34	5.889	\$ 506.33	\$ 237.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,025
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED	AID CODE 68

432 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	373	36,697	\$ 547,239.87	\$ 14.91	84.947	\$ 1467.13	\$ 1266.76
@PHYSICIANS SERVICES	97	463	\$ 8,577.96	\$ 18.53	1.072	\$ 88.43	\$ 19.86
OUTPATIENT VISITS	17	28	1,306.66	46.67	.065	76.86	3.02
OFFICE VISITS	10	15	456.73	30.45	.035	45.67	1.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	12	819.93	68.33	.028	91.10	1.90
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.002	30.00	.07
INPATIENT VISITS	9	33	1,866.10	56.55	.076	207.34	4.32

HOSPITAL VISITS	8	30	1,501.30	50.04	.069	187.66	3.48
CRITICAL CARE	2	3	364.80	121.60	.007	182.40	.84
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.002	57.79	.13
EXAMINATIONS	1	1	57.79	57.79	.002	57.79	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	5	308.64	61.73	.012	154.32	.71
PRINCIPAL SURGEON	2	5	308.64	61.73	.012	154.32	.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	3CR	239.20	79.73CR	.007CR	119.60	.55
PRINCIPAL SURGEON	1	1	234.18	234.18	.002	234.18	.54
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4CR	5.02	1.26CR	.009CR	5.02	.01
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.002	48.20	.11

RADIOLOGY	13	19		359.73		18.93	.044	27.67	.83
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	79	379		4,391.64		11.59	.877	55.59	10.17
@PHARMACY	327	28,751	\$	208,248.43	\$	7.24	66.553	\$ 636.85	\$ 482.06
PRESCRIPTION DRUGS	317	1,798		195,367.76		108.66	4.162	616.30	452.24
SNF/ICF	2	13		757.22		58.25	.030	378.61	1.75
OUTPATIENTS	315	1,785		194,610.54		109.03	4.132	617.81	450.49
MEDICAL SUPPLIES	56	26,953		12,880.67		.48	62.391	230.01	29.82
@DENTIST	31	92	\$	5,848.00	\$	63.57	.213	\$ 188.65	\$ 13.54
VISITS - DIAGNOSTIC	17	47		638.00		13.57	.109	37.53	1.48
ORAL SURGERY	6	18		853.00		47.39	.042	142.17	1.97
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		.00		.00	.002	.00	.00
ENDODONTICS	2	3		780.00		260.00	.007	390.00	1.81
RESTORATIVE DENTISTRY	10	18		2,367.00		131.50	.042	236.70	5.48
PROSTHETICS	1	1		30.00		30.00	.002	30.00	.07
DENTURES, STAYPLATES	3	4		1,180.00		295.00	.009	393.33	2.73
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,026
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								
	AID CODE 68								

432 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	15	\$	305.40	\$ 20.36	.035	\$ 76.35	\$.71
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.002	47.45	.11
EYE APPLIANCES	4	12		212.44	17.70	.028	53.11	.49
OTHER OPTOMETRIC SERVICES	1	2		45.51	22.76	.005	45.51	.11
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	3	\$	65.07	\$ 21.69	.007	\$ 32.54	\$.15
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	3		65.07	21.69	.007	32.54	.15
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	24.00	\$ 24.00	.002	\$ 24.00	\$.06
@TOTAL HOSPITAL	71	636	\$	88,730.03	\$ 139.51	1.472	\$ 1249.72	\$ 205.39
HOSP INPATIENT TOTAL	21	71		81,844.16	1152.73	.164	3897.34	189.45
HSC HOSPITALS	1	1		1,210.00	1210.00	.002	1210.00	2.80
NON-HSC HOSPITAL TOTAL	5	29		69,412.63	2393.54	.067	13882.53	160.68
ACCOMMODATIONS	5	29		16,465.00	567.76	.067	3293.00	38.11
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	29		16,465.00	567.76	.067	3293.00	38.11
ANCILLARIES	5	0		52,947.63	.00	.000	10589.53	122.56
INPATIENT CROSSOVERS	16	41		11,221.53	273.70	.095	701.35	25.98
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	53	565		6,885.87	12.19	1.308	129.92	15.94
MEDICAL	2	2		29.04	14.52	.005	14.52	.07

SURGERY	1	1	14.39	14.39	.002	14.39	.03
PATHOLOGY	8	29	373.58	12.88	.067	46.70	.86
RADIOLOGY	9	9	368.30	40.92	.021	40.92	.85
ROOM USE	10	14	622.99	44.50	.032	62.30	1.44
CROSSOVERS/ALL OTH OUTPTNT	45	510	5,477.57	10.74	1.181	121.72	12.68
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,027
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

432 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	636	\$ 88,730.03	\$ 139.51	1.472	\$ 1249.72	\$ 205.39
COMM HOSP INPATIENT TOTAL	21	71	81,844.16	1152.73	.164	3897.34	189.45
HSC HOSPITALS	1	1	1,210.00	1210.00	.002	1210.00	2.80
NON-HSC HOSPITALS TOTAL	5	29	69,412.63	2393.54	.067	13882.53	160.68
ACCOMMODATIONS	5	29	16,465.00	567.76	.067	3293.00	38.11
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	29	16,465.00	567.76	.067	3293.00	38.11
ANCILLARIES	5	0	52,947.63	.00	.000	10589.53	122.56
INPATIENT CROSSOVERS	16	41	11,221.53	273.70	.095	701.35	25.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	53	565	6,885.87	12.19	1.308	129.92	15.94
MEDICAL	2	2	29.04	14.52	.005	14.52	.07
SURGERY	1	1	14.39	14.39	.002	14.39	.03
PATHOLOGY	8	29	373.58	12.88	.067	46.70	.86
RADIOLOGY	9	9	368.30	40.92	.021	40.92	.85
ROOM USE	10	14	622.99	44.50	.032	62.30	1.44
CROSSOVERS/ALL OTH OUTPTNT	45	510	5,477.57	10.74	1.181	121.72	12.68
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	13	\$ 1,484.59	\$ 114.20	.030	\$ 742.30	\$ 3.44
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	13	1,484.59	114.20	.030	742.30	3.44
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	27	23CR	\$	13,491.16	\$	586.57CR	.053CR\$	499.67	\$ 31.23
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	27	23CR		13,491.16		586.57CR	.053CR	499.67	31.23
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	4	24	\$	218.08	\$	9.09	.056	\$ 54.52	\$.50
PATHOLOGY	3	23		214.65		9.33	.053	71.55	.50
XO AND OTHERS	1	1		3.43		3.43	.002	3.43	.01
@ORGANIZED OUTPATIENT CLINIC	24	41	\$	5,906.36	\$	144.06	.095	\$ 246.10	\$ 13.67
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	24	41		5,906.36		144.06	.095	246.10	13.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,028
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								AID CODE 68

432 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	100	6,681	\$ 214,340.79	\$ 32.08	15.465	\$ 2143.41	\$ 496.16
DURABLE MED. EQUIP.	4	19	2,817.41	148.28	.044	704.35	6.52
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	91	798.17	8.77	.211	159.63	1.85
AMBULANCES/AIR TRANS	4	64	733.86	11.47	.148	183.47	1.70
OTHER TRANS	1	27	64.31	2.38	.063	64.31	.15
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	6	55	3,925.63	71.38	.127	654.27	9.09
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	38	5,984	177,675.52	29.69	13.852	4675.67	411.29
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	100.14	12.52	.019	25.04	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	19	1,036.60	54.56	.044	115.18	2.40
PROSTHETICS	9	19	1,036.60	54.56	.044	115.18	2.40
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	5	153	18,530.86	121.12	.354	3706.17	42.90
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	116	1,058.32	9.12	.269	117.59	2.45
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	39	236	8,398.14	35.59	.546	215.34	19.44
@CALIF. CHILDREN SERVICES*	1	320	\$ 488.19	\$ 1.53	.741	\$ 488.19	\$ 1.13
@XOVER EXCLUDING STATE HOSP**	148	7,225	\$ 47,798.96	\$ 6.62	16.725	\$ 322.97	\$ 110.65

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,029
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL								

1,167 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	955	48,208	\$	901,697.38	\$	18.70	41.309	\$	944.19	\$	772.66
@PHYSICIANS SERVICES	193	864	\$	11,996.99	\$	13.89	.740	\$	62.16	\$	10.28
OUTPATIENT VISITS	17	28		1,306.66		46.67	.024		76.86		1.12
OFFICE VISITS	10	15		456.73		30.45	.013		45.67		.39
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	9	12		819.93		68.33	.010		91.10		.70
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	1	1		30.00		30.00	.001		30.00		.03
INPATIENT VISITS	9	33		1,866.10		56.55	.028		207.34		1.60
HOSPITAL VISITS	8	30		1,501.30		50.04	.026		187.66		1.29
CRITICAL CARE	2	3		364.80		121.60	.003		182.40		.31
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		57.79		57.79	.001		57.79		.05
EXAMINATIONS	1	1		57.79		57.79	.001		57.79		.05
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	5		308.64		61.73	.004		154.32		.26
PRINCIPAL SURGEON	2	5		308.64		61.73	.004		154.32		.26
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	3CR		239.20		79.73CR	.003CR		119.60		.20
PRINCIPAL SURGEON	1	1		234.18		234.18	.001		234.18		.20
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	4CR		5.02		1.26CR	.003CR		5.02		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		48.20		48.20	.001		48.20		.04
RADIOLOGY	13	19		359.73		18.93	.016		27.67		.31
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	175	780		7,810.67		10.01	.668		44.63		6.69
@PHARMACY	829	36,976	\$	395,020.94	\$	10.68	31.685	\$	476.50	\$	338.49
PRESCRIPTION DRUGS	817	4,193		377,031.41		89.92	3.593		461.48		323.08
SNF/ICF	13	68		4,967.84		73.06	.058		382.14		4.26
OUTPATIENTS	807	4,125		372,063.57		90.20	3.535		461.05		318.82
MEDICAL SUPPLIES	111	32,783		17,989.53		.55	28.092		162.07		15.42
@DENTIST	39	125	\$	7,631.00	\$	61.05	.107	\$	195.67	\$	6.54
VISITS - DIAGNOSTIC	21	57		850.00		14.91	.049		40.48		.73
ORAL SURGERY	8	20		943.00		47.15	.017		117.88		.81
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		.00		.00	.001		.00		.00
ENDODONTICS	2	3		780.00		260.00	.003		390.00		.67
RESTORATIVE DENTISTRY	13	25		2,803.00		112.12	.021		215.62		2.40
PROSTHETICS	1	1		30.00		30.00	.001		30.00		.03
DENTURES, STAYPLATES	6	18		2,225.00		123.61	.015		370.83		1.91
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 9,030
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL										

	1,167 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	21	\$	411.62	\$ 19.60	.018	\$ 68.60	\$.35
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.001	47.45	.04
EYE APPLIANCES	6	18		318.66	17.70	.015	53.11	.27
OTHER OPTOMETRIC SERVICES	1	2		45.51	22.76	.002	45.51	.04

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	20	27	\$	342.37	\$	12.68	.023	\$	17.12	\$	.29
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	20	27		342.37		12.68	.023		17.12		.29
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	3	\$	66.10	\$	22.03	.003	\$	22.03	\$	.06
@TOTAL HOSPITAL	151	986	\$	113,058.70	\$	114.66	.845	\$	748.73	\$	96.88
HOSP INPATIENT TOTAL	45	138		100,458.80		727.96	.118		2232.42		86.08
HSC HOSPITALS	1	1		1,210.00		1210.00	.001		1210.00		1.04

NON-HSC HOSPITAL TOTAL	5	29	69,412.63	2393.54	.025	13882.53	59.48
ACCOMMODATIONS	5	29	16,465.00	567.76	.025	3293.00	14.11
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	29	16,465.00	567.76	.025	3293.00	14.11
ANCILLARIES	5	0	52,947.63	.00	.000	10589.53	45.37
INPATIENT CROSSOVERS	40	108	29,836.17	276.26	.093	745.90	25.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	110	848	12,599.90	14.86	.727	114.54	10.80
MEDICAL	2	2	29.04	14.52	.002	14.52	.02
SURGERY	1	1	14.39	14.39	.001	14.39	.01
PATHOLOGY	9	31	387.87	12.51	.027	43.10	.33
RADIOLOGY	9	9	368.30	40.92	.008	40.92	.32
ROOM USE	10	14	622.99	44.50	.012	62.30	.53
CROSSOVERS/ALL OTH OUTPTNT	101	791	11,177.31	14.13	.678	110.67	9.58
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,031
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL						

	1,167 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	151	986	\$	113,058.70	\$ 114.66	.845	\$ 748.73	\$ 96.88
COMM HOSP INPATIENT TOTAL	45	138		100,458.80	727.96	.118	2232.42	86.08
HSC HOSPITALS	1	1		1,210.00	1210.00	.001	1210.00	1.04
NON-HSC HOSPITALS TOTAL	5	29		69,412.63	2393.54	.025	13882.53	59.48
ACCOMMODATIONS	5	29		16,465.00	567.76	.025	3293.00	14.11
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	29		16,465.00	567.76	.025	3293.00	14.11
ANCILLARIES	5	0		52,947.63	.00	.000	10589.53	45.37
INPATIENT CROSSOVERS	40	108		29,836.17	276.26	.093	745.90	25.57
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	110	848		12,599.90	14.86	.727	114.54	10.80
MEDICAL	2	2		29.04	14.52	.002	14.52	.02
SURGERY	1	1		14.39	14.39	.001	14.39	.01
PATHOLOGY	9	31		387.87	12.51	.027	43.10	.33
RADIOLOGY	9	9		368.30	40.92	.008	40.92	.32
ROOM USE	10	14		622.99	44.50	.012	62.30	.53
CROSSOVERS/ALL OTH OUTPTNT	101	791		11,177.31	14.13	.678	110.67	9.58
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00

@NURSING FACILITY	19	425	\$	64,746.64	\$	152.35	.364	\$	3407.72	\$	55.48
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	425		64,746.64		152.35	.364		3407.72		55.48
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	46	5	\$	23,693.76	\$	4738.75	.004	\$	515.08	\$	20.30
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	46	5		23,693.76		4738.75	.004		515.08		20.30
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	24	\$	218.08	\$	9.09	.021	\$	54.52	\$	.19
PATHOLOGY	3	23		214.65		9.33	.020		71.55		.18
XO AND OTHERS	1	1		3.43		3.43	.001		3.43		.00
@ORGANIZED OUTPATIENT CLINIC	42	78	\$	8,473.69	\$	108.64	.067	\$	201.75	\$	7.26
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	42	78		8,473.69		108.64	.067		201.75		7.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 9,032
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL										

	1,167 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	265	8,674	\$	276,037.49	\$ 31.82	7.433	\$ 1041.65	\$ 236.54
DURABLE MED. EQUIP.	6	21		2,896.82	137.94	.018	482.80	2.48
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		50.00	25.00	.002	25.00	.04
MEDICAL TRANSPORTATION	8	241		965.78	4.01	.207	120.72	.83
AMBULANCES/AIR TRANS	4	64		733.86	11.47	.055	183.47	.63
OTHER TRANS	3	84		213.18	2.54	.072	71.06	.18
OTHER SERVICES	1	93		18.74	.20	.080	18.74	.02
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	56	796		55,372.21	69.56	.682	988.79	47.45
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	38	5,984		177,675.52	29.69	5.128	4675.67	152.25
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	12	24		299.34	12.47	.021	24.95	.26
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	4	7		6.46	.92	.006	1.62	.01
PROSTHETIST/ORTHOTISTS	16	33		2,336.79	70.81	.028	146.05	2.00
PROSTHETICS	16	33		2,336.79	70.81	.028	146.05	2.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	6	155		18,758.10	121.02	.133	3126.35	16.07
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	116		1,058.32	9.12	.099	117.59	.91
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	143	1,295		16,618.15	12.83	1.110	116.21	14.24
@CALIF. CHILDREN SERVICES*	1	320	\$	488.19	\$ 1.53	.274	\$ 488.19	\$.42

@XOVER EXCLUDING STATE HOSP** 393 8,699 \$ 103,919.62 \$ 11.95 7.454 \$ 264.43 \$ 89.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,033
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	4,048 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,128	60,644	\$	1,531,615.41	\$ 25.26	14.981	\$ 489.65	\$ 378.36
@PHYSICIANS SERVICES	579	2,208	\$	32,816.03	\$ 14.86	.545	\$ 56.68	\$ 8.11
OUTPATIENT VISITS	6	7		346.78	49.54	.002	57.80	.09
OFFICE VISITS	5	6		238.70	39.78	.001	47.74	.06
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		108.08	108.08	.000	108.08	.03
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	1	4		151.20	37.80	.001	151.20	.04
HOSPITAL VISITS	1	4		151.20	37.80	.001	151.20	.04
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		57.79	57.79	.000	57.79	.01
EXAMINATIONS	1	1		57.79	57.79	.000	57.79	.01
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		1,489.20	1489.20	.000	1489.20	.37
PRINCIPAL SURGEON	1	1		1,489.20	1489.20	.000	1489.20	.37
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		1,005.21	1005.21	.000	1005.21	.25
PRINCIPAL SURGEON	1	1		1,005.21	1005.21	.000	1005.21	.25
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	18		68.70	3.82	.004	13.74	.02
RADIOLOGY	6	10		157.31	15.73	.002	26.22	.04
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	569	2,166		29,539.84	13.64	.535	51.92	7.30
@PHARMACY	2,762	49,972	\$	829,499.92	\$ 16.60	12.345	\$ 300.33	\$ 204.92
PRESCRIPTION DRUGS	2,738	11,647		806,186.95	69.22	2.877	294.44	199.16
SNF/ICF	115	662		37,247.64	56.27	.164	323.89	9.20
OUTPATIENTS	2,642	10,985		768,939.31	70.00	2.714	291.04	189.96
MEDICAL SUPPLIES	224	38,325		23,312.97	.61	9.468	104.08	5.76
@DENTIST	92	294	\$	14,062.00	\$ 47.83	.073	\$ 152.85	\$ 3.47
VISITS - DIAGNOSTIC	59	155		2,539.00	16.38	.038	43.03	.63
ORAL SURGERY	16	18		786.00	43.67	.004	49.13	.19
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.000	118.00	.03
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	25	58		5,642.00	97.28	.014	225.68	1.39
PROSTHETICS	2	2		60.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	20	56		4,917.00	87.80	.014	245.85	1.21
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	4		.00	.00	.001	.00	.00

4,048 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	52	134	\$ 2,610.17	\$ 19.48	.033	\$ 50.20	\$.64
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.000	47.45	.02
EYE APPLIANCES	42	113	1,964.93	17.39	.028	46.78	.49
OTHER OPTOMETRIC SERVICES	13	19	550.34	28.97	.005	42.33	.14
@CHIROPRACTOR	5	8	\$ 130.34	\$ 16.29	.002	\$ 26.07	\$.03
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	8	130.34	16.29	.002	26.07	.03
@PODIATRIST	87	103	\$ 747.46	\$ 7.26	.025	\$ 8.59	\$.18
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	87	103	747.46	7.26	.025	8.59	.18
@HOME HEALTH AGENCY	1	6	\$ 419.06	\$ 69.84	.001	\$ 419.06	\$.10
NURSE ANESTHESIST	3	31	\$ 83.85	\$ 2.70	.008	\$ 27.95	\$.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	4	5	\$ 102.30	\$ 20.46	.001	\$ 25.58	\$.03
@TOTAL HOSPITAL	350	1,585	\$ 100,684.49	\$ 63.52	.392	\$ 287.67	\$ 24.87
HOSP INPATIENT TOTAL	83	271	76,874.49	283.67	.067	926.20	18.99
HSC HOSPITALS	1	6	3,246.82	541.14	.001	3246.82	.80
NON-HSC HOSPITAL TOTAL	2	5	15,102.60	3020.52	.001	7551.30	3.73
ACCOMMODATIONS	2	5	1,764.73	352.95	.001	882.37	.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	1,764.73	352.95	.001	882.37	.44
ANCILLARIES	2	0	13,337.87	.00	.000	6668.94	3.29
INPATIENT CROSSOVERS	80	260	58,525.07	225.10	.064	731.56	14.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	272	1,314	23,810.00	18.12	.325	87.54	5.88
MEDICAL	1	1	131.39	131.39	.000	131.39	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	18	231.30	12.85	.004	33.04	.06
RADIOLOGY	2	2	51.88	25.94	.000	25.94	.01
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	264	1,293	23,395.43	18.09	.319	88.62	5.78
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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NEVADA COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

01/29/04

4,048 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	350	1,585	\$ 100,684.49	\$ 63.52	.392	\$ 287.67	\$ 24.87
COMM HOSP INPATIENT TOTAL	83	271	76,874.49	283.67	.067	926.20	18.99
HSC HOSPITALS	1	6	3,246.82	541.14	.001	3246.82	.80
NON-HSC HOSPITALS TOTAL	2	5	15,102.60	3020.52	.001	7551.30	3.73
ACCOMMODATIONS	2	5	1,764.73	352.95	.001	882.37	.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	1,764.73	352.95	.001	882.37	.44
ANCILLARIES	2	0	13,337.87	.00	.000	6668.94	3.29
INPATIENT CROSSOVERS	80	260	58,525.07	225.10	.064	731.56	14.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	272	1,314		23,810.00		18.12	.325	87.54	5.88
MEDICAL	1	1		131.39		131.39	.000	131.39	.03
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	7	18		231.30		12.85	.004	33.04	.06
RADIOLOGY	2	2		51.88		25.94	.000	25.94	.01
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	264	1,293		23,395.43		18.09	.319	88.62	5.78
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	125	2,711	\$	410,464.60	\$	151.41	.670	3283.72	101.40
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	125	2,711		410,464.60		151.41	.670	3283.72	101.40
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	15	19	\$	7,790.64	\$	410.03	.005	519.38	1.92
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	15	19		7,790.64		410.03	.005	519.38	1.92
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	74	124	\$	11,745.40	\$	94.72	.031	158.72	2.90
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	1	2		91.86		45.93	.000	91.86	.02
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	73	122		11,653.54		95.52	.030	159.64	2.88
#CALIF DEPT OF HEALTH SERV									
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				----- MONTHLY AVERAGE -----				
4,048 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	486	3,444	\$ 120,459.15	\$ 34.98	.851	\$ 247.86	\$ 29.76	
DURABLE MED. EQUIP.	8	11	957.77	87.07	.003	119.72	.24	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	24	29	3,633.25	125.28	.007	151.39	.90	
MEDICAL TRANSPORTATION	9	106	352.86	3.33	.026	39.21	.09	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	3	71	154.21	2.17	.018	51.40	.04	
OTHER SERVICES	6	35	198.65	5.68	.009	33.11	.05	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	88	1,245	86,518.59	69.49	.308	983.17	21.37	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	76	157	1,979.71	12.61	.039	26.05	.49	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	7	20	19.77	.99	.005	2.82	.00	
PROSTHETIST/ORTHOTISTS	17	31	1,562.99	50.42	.008	91.94	.39	
PROSTHETICS	17	31	1,562.99	50.42	.008	91.94	.39	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	

PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	6		1,254.70	209.12	.001	250.94	.31
HOSPICE SERVICES	2	12		1,378.60	114.88	.003	689.30	.34
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	281	1,827		22,800.91	12.48	.451	81.14	5.63
@CALIF. CHILDREN SERVICES*	1	4	\$	45.98	\$ 11.50	.001	\$ 45.98	\$.01
@XOVER EXCLUDING STATE HOSP**	1,165	9,340	\$	203,359.89	\$ 21.77	2.307	\$ 174.56	\$ 50.24

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

698 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	536	29,190	\$ 563,421.91	\$ 19.30	41.819	\$ 1051.16	\$ 807.19
@PHYSICIANS SERVICES	175	972	\$ 19,231.20	\$ 19.79	1.393	\$ 109.89	\$ 27.55
OUTPATIENT VISITS	66	93	3,178.46	34.18	.133	48.16	4.55
OFFICE VISITS	42	60	1,602.92	26.72	.086	38.16	2.30
HOME VISITS	1	1	80.10	80.10	.001	80.10	.11
EMERGENCY ROOM	23	27	1,303.67	48.28	.039	56.68	1.87
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	191.77	38.35	.007	38.35	.27
INPATIENT VISITS	12	82	6,176.94	75.33	.117	514.75	8.85
HOSPITAL VISITS	7	14	712.78	50.91	.020	101.83	1.02
CRITICAL CARE	1	31	4,317.56	139.28	.044	4317.56	6.19
SNF/ICF/TRANS IP CARE	5	37	1,146.60	30.99	.053	229.32	1.64
OPHTHALMOLOGICAL SERVICES	3	3	99.04	33.01	.004	33.01	.14
EXAMINATIONS	3	3	99.04	33.01	.004	33.01	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	13	1,180.14	90.78	.019	393.38	1.69
PRINCIPAL SURGEON	2	5	979.52	195.90	.007	489.76	1.40
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	200.62	25.08	.011	200.62	.29
OUTPATIENT SURGERY	8	22	742.10	33.73	.032	92.76	1.06
PRINCIPAL SURGEON	7	7	300.43	42.92	.010	42.92	.43
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	15	441.67	29.44	.021	220.84	.63
DIALYSIS	11	13	2,757.08	212.08	.019	250.64	3.95
PATHOLOGY	14	17	225.55	13.27	.024	16.11	.32
RADIOLOGY	22	82	1,186.68	14.47	.117	53.94	1.70
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.001	13.76	.02
OTHER SERVICES/ALL X-OVERS	96	646	3,671.45	5.68	.926	38.24	5.26
@PHARMACY	410	7,806	\$ 224,099.44	\$ 28.71	11.183	\$ 546.58	\$ 321.06
PRESCRIPTION DRUGS	401	2,081	220,383.88	105.90	2.981	549.59	315.74
SNF/ICF	34	285	17,802.34	62.46	.408	523.60	25.50
OUTPATIENTS	368	1,796	202,581.54	112.80	2.573	550.49	290.23
MEDICAL SUPPLIES	45	5,725	3,715.56	.65	8.202	82.57	5.32
@DENTIST	29	93	\$ 3,638.00	\$ 39.12	.133	\$ 125.45	\$ 5.21
VISITS - DIAGNOSTIC	18	62	1,151.00	18.56	.089	63.94	1.65
ORAL SURGERY	3	6	625.00	104.17	.009	208.33	.90
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.14

PERIODONTICS	2	2	255.00	127.50	.003	127.50	.37
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	10	15	1,392.00	92.80	.021	139.20	1.99
PROSTHETICS	1	1	50.00	50.00	.001	50.00	.07
DENTURES, STAYPLATES	1	2	65.00	32.50	.003	65.00	.09
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	4	.00	.00	.006	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,038
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

698 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	18	\$ 1,927.34	\$ 107.07	.026	\$ 275.33	\$ 2.76
DIAGNOSTIC AND ANC. PROCED	3	3	170.01	56.67	.004	56.67	.24
EYE APPLIANCES	5	13	1,721.92	132.46	.019	344.38	2.47
OTHER OPTOMETRIC SERVICES	2	2	35.41	17.71	.003	17.71	.05
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	13	17	\$ 257.35	\$ 15.14	.024	\$ 19.80	\$.37
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	13	17	257.35	15.14	.024	19.80	.37
@HOME HEALTH AGENCY	7	731	\$ 21,855.47	\$ 29.90	1.047	\$ 3122.21	\$ 31.31
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	118	497	\$ 67,833.01	\$ 136.48	.712	\$ 574.86	\$ 97.18
HOSP INPATIENT TOTAL	16	104	55,171.77	530.50	.149	3448.24	79.04
HSC HOSPITALS	2	33	44,230.00	1340.30	.047	22115.00	63.37
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	14	71	10,941.77	154.11	.102	781.56	15.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	103	393	12,661.24	32.22	.563	122.92	18.14
MEDICAL	10	12	415.28	34.61	.017	41.53	.59
SURGERY	7	7	237.17	33.88	.010	33.88	.34
PATHOLOGY	38	120	1,569.48	13.08	.172	41.30	2.25
RADIOLOGY	15	20	3,333.16	166.66	.029	222.21	4.78
ROOM USE	37	41	1,712.67	41.77	.059	46.29	2.45
CROSSOVERS/ALL OTH OUTPTNT	51	193	5,393.48	27.95	.277	105.75	7.73
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,039
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

698 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	118	497	\$ 67,833.01	\$ 136.48	.712	\$ 574.86	\$ 97.18
COMM HOSP INPATIENT TOTAL	16	104	55,171.77	530.50	.149	3448.24	79.04
HSC HOSPITALS	2	33	44,230.00	1340.30	.047	22115.00	63.37
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	14	71	10,941.77	154.11	.102	781.56	15.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	103	393	12,661.24	32.22	.563	122.92	18.14
MEDICAL	10	12	415.28	34.61	.017	41.53	.59
SURGERY	7	7	237.17	33.88	.010	33.88	.34
PATHOLOGY	38	120	1,569.48	13.08	.172	41.30	2.25
RADIOLOGY	15	20	3,333.16	166.66	.029	222.21	4.78
ROOM USE	37	41	1,712.67	41.77	.059	46.29	2.45
CROSSOVERS/ALL OTH OUTPTNT	51	193	5,393.48	27.95	.277	105.75	7.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	24	600	\$ 113,276.27	\$ 188.79	.860	\$ 4719.84	\$ 162.29
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	5	124	42,763.88	344.87	.178	8552.78	61.27
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	19	476	70,512.39	148.14	.682	3711.18	101.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	39	862	\$ 38,449.54	\$ 44.61	1.235	\$ 985.89	\$ 55.09
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	39	862	38,449.54	44.61	1.235	985.89	55.09
@REHABILITATION FACILITY	10	229	\$ 3,159.86	\$ 13.80	.328	\$ 315.99	\$ 4.53
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	10	229	3,159.86	13.80	.328	315.99	4.53
@LABORATORY FACILITY	15	87	\$ 1,202.01	\$ 13.82	.125	\$ 80.13	\$ 1.72
PATHOLOGY	15	87	1,202.01	13.82	.125	80.13	1.72
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	30	42	\$ 4,561.60	\$ 108.61	.060	\$ 152.05	\$ 6.54
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 NEVADA COUNTY

30 42 4,561.60 108.61 .060 152.05 6.54
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,040
 FEE-FOR-SERVICE/DENTAL 01/29/04
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

698 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	154	17,236	\$ 63,930.82	\$ 3.71	24.693	\$ 415.14	\$ 91.59
DURABLE MED. EQUIP.	7	10	13,938.81	1393.88	.014	1991.26	19.97
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	7	1,681.43	240.20	.010	280.24	2.41
MEDICAL TRANSPORTATION	13	305	4,340.01	14.23	.437	333.85	6.22
AMBULANCES/AIR TRANS	10	133	2,335.87	17.56	.191	233.59	3.35
OTHER TRANS	2	68	163.17	2.40	.097	81.59	.23
OTHER SERVICES	4	104	1,840.97	17.70	.149	460.24	2.64
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	24	189	13,112.63	69.38	.271	546.36	18.79
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	234.48	14.66	.023	29.31	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3	3.14	1.05	.004	1.57	.00
PROSTHETIST/ORTHOTISTS	6	21	4,230.42	201.45	.030	705.07	6.06
PROSTHETICS	6	21	4,230.42	201.45	.030	705.07	6.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	35.00	17.50	.003	17.50	.05
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	49	5,149	20,388.66	3.96	7.377	416.10	29.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	58	11,534	5,966.24	.52	16.524	102.87	8.55
@CALIF. CHILDREN SERVICES*	39	1,686	\$ 61,190.62	\$ 36.29	2.415	\$ 1568.99	\$ 87.67
@XOVER EXCLUDING STATE HOSP**	149	1,093	\$ 44,072.42	\$ 40.32	1.566	\$ 295.79	\$ 63.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,041
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED	

	18,373 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,038	407,910	\$ 10,627,076.09	\$ 26.05	22.202	\$ 757.02	\$ 578.41	
@PHYSICIANS SERVICES	4,442	15,553	\$ 525,811.59	\$ 33.81	.847	\$ 118.37	\$ 28.62	
OUTPATIENT VISITS	2,616	4,109	152,612.86	37.14	.224	58.34	8.31	
OFFICE VISITS	1,929	2,697	80,565.92	29.87	.147	41.77	4.39	
HOME VISITS	5	5	234.60	46.92	.000	46.92	.01	
EMERGENCY ROOM	876	1,224	66,474.64	54.31	.067	75.88	3.62	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	2	3	245.00	81.67	.000	122.50	.01	
OTHER OUTPATIENT	171	180	5,092.70	28.29	.010	29.78	.28	
INPATIENT VISITS	225	845	39,234.26	46.43	.046	174.37	2.14	
HOSPITAL VISITS	195	737	30,737.25	41.71	.040	157.63	1.67	
CRITICAL CARE	16	66	7,212.88	109.29	.004	450.81	.39	
SNF/ICF/TRANS IP CARE	30	42	1,284.13	30.57	.002	42.80	.07	
OPHTHALMOLOGICAL SERVICES	88	95	4,111.89	43.28	.005	46.73	.22	
EXAMINATIONS	88	95	4,111.89	43.28	.005	46.73	.22	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	97	730	54,113.91	74.13	.040	557.88	2.95	
PRINCIPAL SURGEON	71	123	39,278.14	319.33	.007	553.21	2.14	
ASSISTANT SURGEON	15	16	3,268.74	204.30	.001	217.92	.18	
ANESTHESIOLOGIST	37	591	11,567.03	19.57	.032	312.62	.63	
OUTPATIENT SURGERY	318	767	56,211.42	73.29	.042	176.77	3.06	
PRINCIPAL SURGEON	281	334	46,845.81	140.26	.018	166.71	2.55	
ASSISTANT SURGEON	2	2	380.46	190.23	.000	190.23	.02	
ANESTHESIOLOGIST	52	431	8,985.15	20.85	.023	172.79	.49	
DIALYSIS	19	64	5,772.12	90.19	.003	303.80	.31	
PATHOLOGY	336	516	10,392.05	20.14	.028	30.93	.57	
RADIOLOGY	1,015	1,762	69,476.94	39.43	.096	68.45	3.78	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	122	596	15,398.20	25.84	.032	126.21	.84	
OTHER SERVICES/ALL X-OVERS	1,880	6,069	118,487.94	19.52	.330	63.03	6.45	

@PHARMACY	11,900	181,277	\$	6,052,168.97	\$	33.39	9.866	\$	508.59	\$	329.41
PRESCRIPTION DRUGS	11,784	52,311		5,939,650.58		113.54	2.847		504.04		323.28
SNF/ICF	288	2,118		179,231.38		84.62	.115		622.33		9.76
OUTPATIENTS	11,551	50,193		5,760,419.20		114.77	2.732		498.69		313.53
MEDICAL SUPPLIES	750	128,966		112,518.39		.87	7.019		150.02		6.12
@DENTIST	787	3,197	\$	159,428.49	\$	49.87	.174	\$	202.58	\$	8.68
VISITS - DIAGNOSTIC	508	1,695		25,419.64		15.00	.092		50.04		1.38
ORAL SURGERY	128	437		20,716.00		47.41	.024		161.84		1.13
DRUGS	5	5		75.00		15.00	.000		15.00		.00
ANESTHESIA	7	7		700.00		100.00	.000		100.00		.04
PERIODONTICS	30	40		6,081.00		152.03	.002		202.70		.33
ENDODONTICS	52	94		16,871.00		179.48	.005		324.44		.92
RESTORATIVE DENTISTRY	259	697		53,152.60		76.26	.038		205.22		2.89
PROSTHETICS	8	7		180.00		25.71	.000		22.50		.01
DENTURES, STAYPLATES	78	187		34,578.00		184.91	.010		443.31		1.88
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	4	4		1,550.25		387.56	.000		387.56		.08
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	2	2		105.00		52.50	.000		52.50		.01
ALL OTHER SERVICES	15	22		.00		.00	.001		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED
PAGE 9,042
01/29/04

18,373 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	361	1,077	\$ 21,947.01	\$ 20.38	.059	\$ 60.80	\$ 1.19
DIAGNOSTIC AND ANC. PROCED	147	147	6,771.50	46.06	.008	46.06	.37
EYE APPLIANCES	312	886	14,199.61	16.03	.048	45.51	.77
OTHER OPTOMETRIC SERVICES	32	44	975.90	22.18	.002	30.50	.05
@CHIROPRACTOR	107	171	\$ 2,779.74	\$ 16.26	.009	\$ 25.98	\$.15
VISITS	98	156	2,566.52	16.45	.008	26.19	.14
OTHER SERVICES	9	15	213.22	14.21	.001	23.69	.01
@PODIATRIST	93	138	\$ 2,260.93	\$ 16.38	.008	\$ 24.31	\$.12
MEDICINE/INJECTIONS	23	39	1,101.75	28.25	.002	47.90	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	71	97	1,124.58	11.59	.005	15.84	.06
@HOME HEALTH AGENCY	92	867	\$ 43,821.58	\$ 50.54	.047	\$ 476.32	\$ 2.39
NURSE ANESTHESIST	3	55	\$ 177.14	\$ 3.22	.003	\$ 59.05	\$.01
NURSE MIDWIFE	2	2	\$ 62.34	\$ 31.17	.000	\$ 31.17	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	76	107	\$ 2,723.70	\$ 25.46	.006	\$ 35.84	\$.15
@TOTAL HOSPITAL	3,150	16,634	\$ 1,991,350.60	\$ 119.72	.905	\$ 632.17	\$ 108.38
HOSP INPATIENT TOTAL	334	1,416	1,626,071.54	1148.36	.077	4868.48	88.50
HSC HOSPITALS	58	464	560,923.07	1208.89	.025	9671.09	30.53
NON-HSC HOSPITAL TOTAL	147	536	958,835.75	1788.87	.029	6522.69	52.19
ACCOMMODATIONS	147	536	240,381.28	448.47	.029	1635.25	13.08
ADMINISTRATIVE DAYS	6	52	24,198.11	465.35	.003	4033.02	1.32
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	144	484	216,183.17	446.66	.026	1501.27	11.77
ANCILLARIES	147	0	718,454.47	.00	.000	4887.45	39.10
INPATIENT CROSSOVERS	138	416	106,312.72	255.56	.023	770.38	5.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,943	15,218	365,279.06	24.00	.828	124.12	19.88
MEDICAL	376	563	20,348.73	36.14	.031	54.12	1.11
SURGERY	211	225	6,498.88	28.88	.012	30.80	.35
PATHOLOGY	1,157	5,032	60,599.11	12.04	.274	52.38	3.30
RADIOLOGY	1,779	1,145	97,344.94	85.02	.062	124.96	5.30
ROOM USE	1,241	1,859	74,735.57	40.20	.101	60.22	4.07

CROSSOVERS/ALL OTH OUTPTNT	1,510	6,394		105,751.83		16.54	.348	70.03		5.76
@COUNTY HOSPITAL TOTAL	9	24	\$	539.20	\$	22.47	.001	\$ 59.91	\$	.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	9	24		539.20		22.47	.001	59.91		.03
MEDICAL	2	2		131.31		65.66	.000	65.66		.01
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	3	6		95.95		15.99	.000	31.98		.01
RADIOLOGY	2	2		64.86		32.43	.000	32.43		.00
ROOM USE	4	4		151.26		37.82	.000	37.82		.01
CROSSOVERS/ALL OTH OUTPTNT	5	10		95.82		9.58	.001	19.16		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,043
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

	18,373 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,145	16,610	\$	1,990,811.40	\$ 119.86	.904	\$ 633.01	\$ 108.36
COMM HOSP INPATIENT TOTAL	334	1,416		1,626,071.54	1148.36	.077	4868.48	88.50
HSC HOSPITALS	58	464		560,923.07	1208.89	.025	9671.09	30.53
NON-HSC HOSPITALS TOTAL	147	536		958,835.75	1788.87	.029	6522.69	52.19
ACCOMMODATIONS	147	536		240,381.28	448.47	.029	1635.25	13.08
ADMINISTRATIVE DAYS	6	52		24,198.11	465.35	.003	4033.02	1.32
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	144	484		216,183.17	446.66	.026	1501.27	11.77
ANCILLARIES	147	0		718,454.47	.00	.000	4887.45	39.10
INPATIENT CROSSOVERS	138	416		106,312.72	255.56	.023	770.38	5.79
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,937	15,194		364,739.86	24.01	.827	124.19	19.85
MEDICAL	374	561		20,217.42	36.04	.031	54.06	1.10
SURGERY	211	225		6,498.88	28.88	.012	30.80	.35
PATHOLOGY	1,154	5,026		60,503.16	12.04	.274	52.43	3.29
RADIOLOGY	777	1,143		97,280.08	85.11	.062	125.20	5.29
ROOM USE	1,237	1,855		74,584.31	40.21	.101	60.29	4.06
CROSSOVERS/ALL OTH OUTPTNT	1,506	6,384		105,656.01	16.55	.347	70.16	5.75
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	148	3,881	\$	499,427.87	\$ 128.69	.211	\$ 3374.51	\$ 27.18
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	21		2,539.53	120.93	.001	2539.53	.14
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	147	3,860		496,888.34	128.73	.210	3380.19	27.04
@INTERMEDIATE CARE FACIL.-DD	9	518	\$	94,685.22	\$ 182.79	.028	\$ 10520.58	\$ 5.15
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	9	518		94,685.22	182.79	.028	10520.58	5.15
@HEMODIALYSIS TOTAL	106	2,447	\$	104,173.73	\$ 42.57	.133	\$ 982.77	\$ 5.67
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	106	2,447		104,173.73	42.57	.133	982.77	5.67

@REHABILITATION FACILITY	32	497	\$	6,888.38	\$	13.86	.027	\$	215.26	\$	.37
HOSPITAL BASED	3	6		329.04		54.84	.000		109.68		.02
INDEPENDENT FACILITY	29	491		6,559.34		13.36	.027		226.18		.36
@LABORATORY FACILITY	294	1,380	\$	20,089.76	\$	14.56	.075	\$	68.33	\$	1.09
PATHOLOGY	288	1,368		19,500.61		14.25	.074		67.71		1.06
XO AND OTHERS	6	12		589.15		49.10	.001		98.19		.03
@ORGANIZED OUTPATIENT CLINIC	1,326	2,214	\$	271,104.30	\$	122.45	.121	\$	204.45	\$	14.76
CLINIC	52	104		2,299.44		22.11	.006		44.22		.13
SURGICENTER	10	37		1,364.74		36.88	.002		136.47		.07
HEROIN DETOX CLINIC	3	46		545.67		11.86	.003		181.89		.03
RURAL HEALTH CLINIC	1,268	2,027		266,894.45		131.67	.110		210.48		14.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 9,044
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED										

	18,373 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,043	177,895	\$	828,174.74	\$ 4.66	9.682	\$ 405.37	\$ 45.08
DURABLE MED. EQUIP.	240	1,082		129,336.32	119.53	.059	538.90	7.04
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	26	32		6,381.41	199.42	.002	245.44	.35
MEDICAL TRANSPORTATION	212	1,491		32,244.64	21.63	.081	152.10	1.76
AMBULANCES/AIR TRANS	188	1,250		29,583.39	23.67	.068	157.36	1.61
OTHER TRANS	5	102		277.60	2.72	.006	55.52	.02
OTHER SERVICES	22	139		2,383.65	17.15	.008	108.35	.13
ACUPUNCTURE	4	12		205.45	17.12	.001	51.36	.01
ADULT DAY HEALTH CARE CTR	139	1,605		111,575.25	69.52	.087	802.70	6.07
GENETIC DISEASE TESTING	4	4		420.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	60	8,684		263,010.74	30.29	.473	4383.51	14.32
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	361	828		9,923.19	11.98	.045	27.49	.54
PHYSICAL THERAPIST	1	5		86.79	17.36	.000	86.79	.00
PORTABLE X-RAY	5	9		110.95	12.33	.000	22.19	.01
PROSTHETIST/ORTHOTISTS	85	189		15,232.13	80.59	.010	179.20	.83
PROSTHETICS	85	189		15,232.13	80.59	.010	179.20	.83
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	28	48		2,774.98	57.81	.003	99.11	.15
HOSPICE SERVICES	19	519		63,700.91	122.74	.028	3352.68	3.47
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	376	30,262		94,674.73	3.13	1.647	251.79	5.15
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	654	133,125		98,497.25	.74	7.246	150.61	5.36
@CALIF. CHILDREN SERVICES*	227	10,336	\$	205,539.81	\$ 19.89	.563	\$ 905.46	\$ 11.19
@XOVER EXCLUDING STATE HOSP**	2,221	27,714	\$	344,304.81	\$ 12.42	1.508	\$ 155.02	\$ 18.74

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 9,045
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES										

	15,494 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,087	46,105	\$	2,065,821.76	\$ 44.81	2.976	\$ 255.45	\$ 133.33
@PHYSICIANS SERVICES	3,844	9,100	\$	318,768.19	\$ 35.03	.587	\$ 82.93	\$ 20.57
OUTPATIENT VISITS	3,308	4,596		156,930.41	34.14	.297	47.44	10.13
OFFICE VISITS	2,376	3,047		90,164.11	29.59	.197	37.95	5.82

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1,201	1,472	63,760.63	43.32	.095	53.09	4.12
PREVENTIVE CARE	4	4	174.94	43.74	.000	43.74	.01
OB VISITS/COMPRE PERI	16	31	1,649.97	53.22	.002	103.12	.11
OTHER OUTPATIENT	39	42	1,180.76	28.11	.003	30.28	.08
INPATIENT VISITS	116	386	30,643.09	79.39	.025	264.16	1.98
HOSPITAL VISITS	110	289	14,974.73	51.82	.019	136.13	.97
CRITICAL CARE	17	97	15,668.36	161.53	.006	921.67	1.01
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	44	47	2,340.78	49.80	.003	53.20	.15
EXAMINATIONS	44	47	2,340.78	49.80	.003	53.20	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	68	235	38,480.31	163.75	.015	565.89	2.48
PRINCIPAL SURGEON	49	52	31,854.66	612.59	.003	650.10	2.06
ASSISTANT SURGEON	7	7	1,101.95	157.42	.000	157.42	.07
ANESTHESIOLOGIST	22	176	5,523.70	31.38	.011	251.08	.36

OUTPATIENT SURGERY	279	476		30,641.71	64.37	.031	109.83	1.98
PRINCIPAL SURGEON	251	301		26,038.51	86.51	.019	103.74	1.68
ASSISTANT SURGEON	1	1		68.88	68.88	.000	68.88	.00
ANESTHESIOLOGIST	39	174		4,534.32	26.06	.011	116.26	.29
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	404	543		5,590.24	10.30	.035	13.84	.36
RADIOLOGY	692	996		26,752.34	26.86	.064	38.66	1.73
PSYCHIATRY	1	1		32.98	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	75	138		2,005.51	14.53	.009	26.74	.13
OTHER SERVICES/ALL X-OVERS	346	1,682		25,350.82	15.07	.109	73.27	1.64
@PHARMACY	3,833	11,932	\$	497,767.79	\$ 41.72	.770	\$ 129.86	\$ 32.13
PRESCRIPTION DRUGS	3,812	8,484		490,954.50	57.87	.548	128.79	31.69
SNF/ICF	1	6		124.10	20.68	.000	124.10	.01
OUTPATIENTS	3,812	8,478		490,830.40	57.89	.547	128.76	31.68
MEDICAL SUPPLIES	53	3,448		6,813.29	1.98	.223	128.55	.44
@DENTIST	828	3,723	\$	127,779.80	\$ 34.32	.240	\$ 154.32	\$ 8.25
VISITS - DIAGNOSTIC	597	2,318		38,381.80	16.56	.150	64.29	2.48
ORAL SURGERY	101	259		15,034.00	58.05	.017	148.85	.97
DRUGS	77	96		2,185.00	22.76	.006	28.38	.14
ANESTHESIA	6	6		600.00	100.00	.000	100.00	.04
PERIODONTICS	6	6		1,200.00	200.00	.000	200.00	.08
ENDODONTICS	64	125		15,067.00	120.54	.008	235.42	.97
RESTORATIVE DENTISTRY	327	828		45,541.00	55.00	.053	139.27	2.94
PROSTHETICS	3	3		60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	10	19		4,520.00	237.89	.001	452.00	.29
SPACE MAINTAINERS	13	12		2,271.00	189.25	.001	174.69	.15
MAXILLOFACIAL SERVICES	3	3		100.00	33.33	.000	33.33	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	26	31		2,745.00	88.55	.002	105.58	.18
ALL OTHER SERVICES	13	17		75.00	4.41	.001	5.77	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,046
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES							

15,494 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	229	675	\$ 15,795.01	\$ 23.40	.044	\$ 68.97	\$ 1.02
DIAGNOSTIC AND ANC. PROCED	184	184	8,651.28	47.02	.012	47.02	.56
EYE APPLIANCES	177	489	7,120.32	14.56	.032	40.23	.46
OTHER OPTOMETRIC SERVICES	2	2	23.41	11.71	.000	11.71	.00
@CHIROPRACTOR	54	88	\$ 1,471.36	\$ 16.72	.006	\$ 27.25	\$.09
VISITS	54	88	1,471.36	16.72	.006	27.25	.09
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	14	18	\$ 628.42	\$ 34.91	.001	\$ 44.89	\$.04
MEDICINE/INJECTIONS	12	14	468.48	33.46	.001	39.04	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	4	159.94	39.99	.000	53.31	.01
@HOME HEALTH AGENCY	17	105	\$ 4,180.16	\$ 39.81	.007	\$ 245.89	\$.27
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	3	8	165.68	20.71	.001	55.23	.01
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	90	114	\$ 2,783.98	\$ 24.42	.007	\$ 30.93	\$.18
@TOTAL HOSPITAL	2,051	8,399	\$ 808,161.42	\$ 96.22	.542	\$ 394.03	\$ 52.16
HOSP INPATIENT TOTAL	97	455	600,074.38	1318.84	.029	6186.33	38.73
HSC HOSPITALS	20	210	268,587.03	1278.99	.014	13429.35	17.33
NON-HSC HOSPITAL TOTAL	78	245	331,487.35	1353.01	.016	4249.84	21.39
ACCOMMODATIONS	78	245	94,096.91	384.07	.016	1206.37	6.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	78	245	94,096.91	384.07	.016	1206.37	6.07
ANCILLARIES	78	0	237,390.44	.00	.000	3043.47	15.32
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,011	7,944	208,087.04	26.19	.513	103.47	13.43
MEDICAL	207	264	12,317.65	46.66	.017	59.51	.79
SURGERY	200	212	4,741.19	22.36	.014	23.71	.31
PATHOLOGY	738	2,494	31,357.44	12.57	.161	42.49	2.02
RADIOLOGY	528	675	36,501.90	54.08	.044	69.13	2.36
ROOM USE	1,478	1,883	73,340.61	38.95	.122	49.62	4.73
CROSSOVERS/ALL OTH OUTPTNT	863	2,416	49,828.25	20.62	.156	57.74	3.22
@COUNTY HOSPITAL TOTAL	7	39	\$ 1,194.38	\$ 30.63	.003	\$ 170.63	\$.08
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	39	1,194.38	30.63	.003	170.63	.08
MEDICAL	3	3	189.53	63.18	.000	63.18	.01
SURGERY	2	3	454.24	151.41	.000	227.12	.03
PATHOLOGY	1	6	43.32	7.22	.000	43.32	.00
RADIOLOGY	3	5	126.38	25.28	.000	42.13	.01
ROOM USE	6	7	235.29	33.61	.000	39.22	.02
CROSSOVERS/ALL OTH OUTPTNT	4	15	145.62	9.71	.001	36.41	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,047
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

15,494 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,046	8,360	\$ 806,967.04	\$ 96.53	.540	\$ 394.41	\$ 52.08
COMM HOSP INPATIENT TOTAL	97	455	600,074.38	1318.84	.029	6186.33	38.73
HSC HOSPITALS	20	210	268,587.03	1278.99	.014	13429.35	17.33
NON-HSC HOSPITALS TOTAL	78	245	331,487.35	1353.01	.016	4249.84	21.39
ACCOMMODATIONS	78	245	94,096.91	384.07	.016	1206.37	6.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	78	245	94,096.91	384.07	.016	1206.37	6.07
ANCILLARIES	78	0	237,390.44	.00	.000	3043.47	15.32
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,006	7,905	206,892.66	26.17	.510	103.14	13.35
MEDICAL	204	261	12,128.12	46.47	.017	59.45	.78
SURGERY	198	209	4,286.95	20.51	.013	21.65	.28
PATHOLOGY	737	2,488	31,314.12	12.59	.161	42.49	2.02
RADIOLOGY	525	670	36,375.52	54.29	.043	69.29	2.35
ROOM USE	1,473	1,876	73,105.32	38.97	.121	49.63	4.72
CROSSOVERS/ALL OTH OUTPTNT	860	2,401	49,682.63	20.69	.155	57.77	3.21
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	229	624	\$	10,946.02	\$	17.54	\$	47.80
PATHOLOGY	229	624		10,946.02		17.54		47.80
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	916	1,664	\$	205,560.47	\$	123.53	\$	224.41
CLINIC	134	457		11,721.12		25.65		87.47
SURGICENTER	7	41		1,238.33		30.20		176.90
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	787	1,166		192,601.02		165.18		244.73
#CALIF DEPT OF HEALTH SERV								
MOP024								
NEVADA COUNTY								

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

15,494 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	986	9,655	\$ 71,813.46	\$ 7.44	.623	\$ 72.83	\$ 4.63
DURABLE MED. EQUIP.	21	40	1,669.92	41.75	.003	79.52	.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	70	555	24,021.21	43.28	.036	343.16	1.55
AMBULANCES/AIR TRANS	69	549	13,221.21	24.08	.035	191.61	.85
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	6	6	10,800.00	1800.00	.000	1800.00	.70
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	10	10	1,050.00	105.00	.001	105.00	.07
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	173	370	3,255.40	8.80	.024	18.82	.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	16	24	2,209.73	92.07	.002	138.11	.14
PROSTHETICS	14	22	2,070.10	94.10	.001	147.86	.13
ORTHOTICS	2	2	139.63	69.82	.000	69.82	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	13	33	5,943.10	180.09	.002	457.16	.38
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	697	5,036	32,713.60	6.50	.325	46.93	2.11
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	3,587	950.50	.26	.232	158.42	.06
@CALIF. CHILDREN SERVICES*	82	2,261	\$ 251,714.46	\$ 111.33	.146	\$ 3069.69	\$ 16.25
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 57.91	\$ 28.96	.000	\$ 28.96	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	38,613 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
						UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS		25,789	543,849	\$ 14,787,935.17	\$ 27.19	14.085	\$	573.42	\$ 382.98
@PHYSICIANS SERVICES		9,040	27,833	\$ 896,627.01	\$ 32.21	.721	\$	99.18	\$ 23.22
OUTPATIENT VISITS		5,996	8,805	313,068.51	35.56	.228		52.21	8.11
OFFICE VISITS		4,352	5,810	172,571.65	29.70	.150		39.65	4.47
HOME VISITS		6	6	314.70	52.45	.000		52.45	.01
EMERGENCY ROOM		2,101	2,724	131,647.02	48.33	.071		62.66	3.41
PREVENTIVE CARE		4	4	174.94	43.74	.000		43.74	.00
OB VISITS/COMPRE PERI		18	34	1,894.97	55.73	.001		105.28	.05
OTHER OUTPATIENT		215	227	6,465.23	28.48	.006		30.07	.17
INPATIENT VISITS		354	1,317	76,205.49	57.86	.034		215.27	1.97
HOSPITAL VISITS		313	1,044	46,575.96	44.61	.027		148.80	1.21
CRITICAL CARE		34	194	27,198.80	140.20	.005		799.96	.70
SNF/ICF/TRANS IP CARE		35	79	2,430.73	30.77	.002		69.45	.06
OPHTHALMOLOGICAL SERVICES		136	146	6,609.50	45.27	.004		48.60	.17
EXAMINATIONS		136	146	6,609.50	45.27	.004		48.60	.17
SERVICES AND MATERIALS		0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY		169	979	95,263.56	97.31	.025		563.69	2.47
PRINCIPAL SURGEON		123	181	73,601.52	406.64	.005		598.39	1.91
ASSISTANT SURGEON		22	23	4,370.69	190.03	.001		198.67	.11
ANESTHESIOLOGIST		60	775	17,291.35	22.31	.020		288.19	.45
OUTPATIENT SURGERY		606	1,266	88,600.44	69.98	.033		146.21	2.29
PRINCIPAL SURGEON		540	643	74,189.96	115.38	.017		137.39	1.92
ASSISTANT SURGEON		3	3	449.34	149.78	.000		149.78	.01
ANESTHESIOLOGIST		93	620	13,961.14	22.52	.016		150.12	.36
DIALYSIS		30	77	8,529.20	110.77	.002		284.31	.22
PATHOLOGY		759	1,094	16,276.54	14.88	.028		21.44	.42
RADIOLOGY		1,735	2,850	97,573.27	34.24	.074		56.24	2.53
PSYCHIATRY		1	1	32.98	32.98	.000		32.98	.00
IMMUNIZATION AND INJECTION		198	735	17,417.47	23.70	.019		87.97	.45
OTHER SERVICES/ALL X-OVERS		2,891	10,563	177,050.05	16.76	.274		61.24	4.59
@PHARMACY		18,905	250,987	\$ 7,603,536.12	\$ 30.29	6.500	\$	402.20	\$ 196.92
PRESCRIPTION DRUGS		18,735	74,523	7,457,175.91	100.07	1.930		398.03	193.13
SNF/ICF		438	3,071	234,405.46	76.33	.080		535.17	6.07
OUTPATIENTS		18,373	71,452	7,222,770.45	101.09	1.850		393.12	187.06
MEDICAL SUPPLIES		1,072	176,464	146,360.21	.83	4.570		136.53	3.79
@DENTIST		1,736	7,307	\$ 304,908.29	\$ 41.73	.189	\$	175.64	\$ 7.90
VISITS - DIAGNOSTIC		1,182	4,230	67,491.44	15.96	.110		57.10	1.75
ORAL SURGERY		248	720	37,161.00	51.61	.019		149.84	.96
DRUGS		82	101	2,260.00	22.38	.003		27.56	.06
ANESTHESIA		14	14	1,400.00	100.00	.000		100.00	.04
PERIODONTICS		39	49	7,654.00	156.20	.001		196.26	.20
ENDODONTICS		116	219	31,938.00	145.84	.006		275.33	.83
RESTORATIVE DENTISTRY		621	1,598	105,727.60	66.16	.041		170.25	2.74
PROSTHETICS		14	13	350.00	26.92	.000		25.00	.01
DENTURES, STAYPLATES		109	264	44,080.00	166.97	.007		404.40	1.14
SPACE MAINTAINERS		13	12	2,271.00	189.25	.000		174.69	.06
MAXILLOFACIAL SERVICES		7	7	1,650.25	235.75	.000		235.75	.04
FRACTURES, DISLOCATIONS		0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES		28	33	2,850.00	86.36	.001		101.79	.07
ALL OTHER SERVICES		34	47	75.00	1.60	.001		2.21	.00

38,613 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	649	1,904	\$	42,279.53	\$ 22.21	.049	\$ 65.15	\$ 1.09
DIAGNOSTIC AND ANC. PROCED	336	336		15,687.69	46.69	.009	46.69	.41
EYE APPLIANCES	536	1,501		25,006.78	16.66	.039	46.65	.65
OTHER OPTOMETRIC SERVICES	49	67		1,585.06	23.66	.002	32.35	.04
@CHIROPRACTOR	166	267	\$	4,381.44	\$ 16.41	.007	\$ 26.39	\$.11
VISITS	152	244		4,037.88	16.55	.006	26.57	.10
OTHER SERVICES	14	23		343.56	14.94	.001	24.54	.01
@PODIATRIST	207	276	\$	3,894.16	\$ 14.11	.007	\$ 18.81	\$.10
MEDICINE/INJECTIONS	35	53		1,570.23	29.63	.001	44.86	.04
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	174	221		2,289.33	10.36	.006	13.16	.06
@HOME HEALTH AGENCY	117	1,709	\$	70,276.27	\$ 41.12	.044	\$ 600.65	\$ 1.82
NURSE ANESTHESIST	6	86	\$	260.99	\$ 3.03	.002	\$ 43.50	\$.01

NURSE MIDWIFE	5	10	\$	228.02	\$	22.80	.000	\$	45.60	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	170	226	\$	5,609.98	\$	24.82	.006	\$	33.00	\$	.15
@TOTAL HOSPITAL	5,669	27,115	\$	2,968,029.52	\$	109.46	.702	\$	523.55	\$	76.87
HOSP INPATIENT TOTAL	530	2,246		2,358,192.18		1049.95	.058		4449.42		61.07
HSC HOSPITALS	81	713		876,986.92		1230.00	.018		10827.00		22.71
NON-HSC HOSPITAL TOTAL	227	786		1,305,425.70		1660.85	.020		5750.77		33.81
ACCOMMODATIONS	227	786		336,242.92		427.79	.020		1481.25		8.71
ADMINISTRATIVE DAYS	6	52		24,198.11		465.35	.001		4033.02		.63
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	224	734		312,044.81		425.13	.019		1393.06		8.08
ANCILLARIES	227	0		969,182.78		.00	.000		4269.53		25.10
INPATIENT CROSSOVERS	232	747		175,779.56		235.31	.019		757.67		4.55
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,329	24,869		609,837.34		24.52	.644		114.44		15.79
MEDICAL	594	840		33,213.05		39.54	.022		55.91		.86
SURGERY	418	444		11,477.24		25.85	.011		27.46		.30
PATHOLOGY	1,940	7,664		93,757.33		12.23	.198		48.33		2.43
RADIOLOGY	1,324	1,842		137,231.88		74.50	.048		103.65		3.55
ROOM USE	2,756	3,783		149,788.85		39.60	.098		54.35		3.88
CROSSOVERS/ALL OTH OUTPTNT	2,688	10,296		184,368.99		17.91	.267		68.59		4.77
@COUNTY HOSPITAL TOTAL	16	63	\$	1,733.58	\$	27.52	.002	\$	108.35	\$	.04
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	16	63		1,733.58		27.52	.002		108.35		.04
MEDICAL	5	5		320.84		64.17	.000		64.17		.01
SURGERY	2	3		454.24		151.41	.000		227.12		.01
PATHOLOGY	4	12		139.27		11.61	.000		34.82		.00
RADIOLOGY	5	7		191.24		27.32	.000		38.25		.00
ROOM USE	10	11		386.55		35.14	.000		38.66		.01
CROSSOVERS/ALL OTH OUTPTNT	9	25		241.44		9.66	.001		26.83		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,051
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

					----- MONTHLY AVERAGE -----			
38,613 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	5,659	27,052	\$ 2,966,295.94	\$ 109.65	.701	\$ 524.17	\$ 76.82	
COMM HOSP INPATIENT TOTAL	530	2,246	2,358,192.18	1049.95	.058	4449.42	61.07	
HSC HOSPITALS	81	713	876,986.92	1230.00	.018	10827.00	22.71	
NON-HSC HOSPITALS TOTAL	227	786	1,305,425.70	1660.85	.020	5750.77	33.81	
ACCOMMODATIONS	227	786	336,242.92	427.79	.020	1481.25	8.71	
ADMINISTRATIVE DAYS	6	52	24,198.11	465.35	.001	4033.02	.63	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	224	734	312,044.81	425.13	.019	1393.06	8.08	
ANCILLARIES	227	0	969,182.78	.00	.000	4269.53	25.10	
INPATIENT CROSSOVERS	232	747	175,779.56	235.31	.019	757.67	4.55	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5,318	24,806	608,103.76	24.51	.642	114.35	15.75	
MEDICAL	589	835	32,892.21	39.39	.022	55.84	.85	
SURGERY	416	441	11,023.00	25.00	.011	26.50	.29	
PATHOLOGY	1,936	7,652	93,618.06	12.23	.198	48.36	2.42	

RADIOLOGY	1,319	1,835	137,040.64	74.68	.048	103.90	3.55
ROOM USE	2,747	3,772	149,402.30	39.61	.098	54.39	3.87
CROSSOVERS/ALL OTH OUTPTNT	2,681	10,271	184,127.55	17.93	.266	68.68	4.77
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	297	7,192	\$ 1,023,168.74	\$ 142.26	.186	\$ 3445.01	\$ 26.50
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	21	2,539.53	120.93	.001	2539.53	.07
LEV B-SUBACUTE FREESTANDING	5	124	42,763.88	344.87	.003	8552.78	1.11
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	291	7,047	977,865.33	138.76	.183	3360.36	25.32
@INTERMEDIATE CARE FACIL.-DD	9	518	\$ 94,685.22	\$ 182.79	.013	\$ 10520.58	\$ 2.45
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	9	518	94,685.22	182.79	.013	10520.58	2.45
@HEMODIALYSIS TOTAL	160	3,328	\$ 150,413.91	\$ 45.20	.086	\$ 940.09	\$ 3.90
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	160	3,328	150,413.91	45.20	.086	940.09	3.90
@REHABILITATION FACILITY	42	726	\$ 10,048.24	\$ 13.84	.019	\$ 239.24	\$.26
HOSPITAL BASED	3	6	329.04	54.84	.000	109.68	.01
INDEPENDENT FACILITY	39	720	9,719.20	13.50	.019	249.21	.25
@LABORATORY FACILITY	538	2,091	\$ 32,237.79	\$ 15.42	.054	\$ 59.92	\$.83
PATHOLOGY	532	2,079	31,648.64	15.22	.054	59.49	.82
XO AND OTHERS	6	12	589.15	49.10	.000	98.19	.02
@ORGANIZED OUTPATIENT CLINIC	2,346	4,044	\$ 492,971.77	\$ 121.90	.105	\$ 210.13	\$ 12.77
CLINIC	186	561	14,020.56	24.99	.015	75.38	.36
SURGICENTER	18	80	2,694.93	33.69	.002	149.72	.07
HEROIN DETOX CLINIC	3	46	545.67	11.86	.001	181.89	.01
RURAL HEALTH CLINIC	2,158	3,357	475,710.61	141.71	.087	220.44	12.32
#CALIF DEPT OF HEALTH SERV							
MOP024							
NEVADA COUNTY							

PAGE 9,052
01/29/04

			----- MONTHLY AVERAGE -----					
38,613 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,669	208,230	\$ 1,084,378.17	\$ 5.21	5.393	\$ 295.55	\$ 28.08	
DURABLE MED. EQUIP.	276	1,143	145,902.82	127.65	.030	528.63	3.78	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	56	68	11,696.09	172.00	.002	208.86	.30	
MEDICAL TRANSPORTATION	304	2,457	60,958.72	24.81	.064	200.52	1.58	
AMBULANCES/AIR TRANS	267	1,932	45,140.47	23.36	.050	169.07	1.17	
OTHER TRANS	10	241	594.98	2.47	.006	59.50	.02	
OTHER SERVICES	38	284	15,223.27	53.60	.007	400.61	.39	
ACUPUNCTURE	4	12	205.45	17.12	.000	51.36	.01	
ADULT DAY HEALTH CARE CTR	251	3,039	211,206.47	69.50	.079	841.46	5.47	
GENETIC DISEASE TESTING	14	14	1,470.00	105.00	.000	105.00	.04	
IHMC,MODEL-NF,NF,AIDS,MSSP	60	8,684	263,010.74	30.29	.225	4383.51	6.81	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	618	1,371	15,392.78	11.23	.036	24.91	.40	
PHYSICAL THERAPIST	1	5	86.79	17.36	.000	86.79	.00	
PORTABLE X-RAY	14	32	133.86	4.18	.001	9.56	.00	
PROSTHETIST/ORTHOTISTS	124	265	23,235.27	87.68	.007	187.38	.60	
PROSTHETICS	122	263	23,095.64	87.82	.007	189.31	.60	
ORTHOTICS	2	2	139.63	69.82	.000	69.82	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	48	89	10,007.78	112.45	.002	208.50	.26	
HOSPICE SERVICES	21	531	65,079.51	122.56	.014	3099.02	1.69	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	1,122	40,447		147,776.99		3.65	1.047	131.71	3.83
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	999	150,073		128,214.90		.85	3.887	128.34	3.32
@CALIF. CHILDREN SERVICES*	349	14,287	\$	518,490.87	\$	36.29	.370	\$ 1485.65	\$ 13.43
@XOVER EXCLUDING STATE HOSP**	3,537	38,149	\$	591,795.03	\$	15.51	.988	\$ 167.32	\$ 15.33

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,053
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

3,080 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,328	19,616	\$ 992,585.50	\$ 50.60	6.369	\$ 426.37	\$ 322.27
@PHYSICIANS SERVICES	411	1,643	\$ 30,212.45	\$ 18.39	.533	\$ 73.51	\$ 9.81
OUTPATIENT VISITS	14	21	1,046.78	49.85	.007	74.77	.34
OFFICE VISITS	8	8	246.00	30.75	.003	30.75	.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	13	800.78	61.60	.004	100.10	.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	22	1,572.90	71.50	.007	224.70	.51
HOSPITAL VISITS	6	14	660.90	47.21	.005	110.15	.21
CRITICAL CARE	4	8	912.00	114.00	.003	228.00	.30
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	115.58	57.79	.001	57.79	.04
EXAMINATIONS	2	2	115.58	57.79	.001	57.79	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	93	7,482.74	80.46	.030	748.27	2.43
PRINCIPAL SURGEON	8	13	5,118.76	393.75	.004	639.85	1.66
ASSISTANT SURGEON	2	2	518.61	259.31	.001	259.31	.17
ANESTHESIOLOGIST	4	78	1,845.37	23.66	.025	461.34	.60
OUTPATIENT SURGERY	1	1	1,005.21	1005.21	.000	1005.21	.33
PRINCIPAL SURGEON	1	1	1,005.21	1005.21	.000	1005.21	.33
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	7	91.39	13.06	.002	22.85	.03
RADIOLOGY	12	33	627.13	19.00	.011	52.26	.20
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	12.73	6.37	.001	6.37	.00
OTHER SERVICES/ALL X-OVERS	391	1,462	18,257.99	12.49	.475	46.70	5.93
@PHARMACY	2,012	12,163	\$ 502,838.04	\$ 41.34	3.949	\$ 249.92	\$ 163.26
PRESCRIPTION DRUGS	1,989	8,166	497,288.06	60.90	2.651	250.02	161.46
SNF/ICF	98	596	24,416.09	40.97	.194	249.14	7.93
OUTPATIENTS	1,903	7,570	472,871.97	62.47	2.458	248.49	153.53
MEDICAL SUPPLIES	77	3,997	5,549.98	1.39	1.298	72.08	1.80
@DENTIST	76	277	\$ 14,963.80	\$ 54.02	.090	\$ 196.89	\$ 4.86
VISITS - DIAGNOSTIC	51	150	2,061.80	13.75	.049	40.43	.67
ORAL SURGERY	14	40	2,168.00	54.20	.013	154.86	.70
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	475.00	237.50	.001	237.50	.15
RESTORATIVE DENTISTRY	18	34	3,041.00	89.44	.011	168.94	.99
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	16	47	7,218.00	153.57	.015	451.13	2.34
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	4	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,054
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

3,080 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	36	93	\$ 1,713.21	\$ 18.42	.030	\$ 47.59	\$.56
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.001	47.45	.03
EYE APPLIANCES	28	74	1,286.46	17.38	.024	45.95	.42
OTHER OPTOMETRIC SERVICES	10	17	331.85	19.52	.006	33.19	.11
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	42	53	\$ 571.25	\$ 10.78	.017	\$ 13.60	\$.19
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	42	53	571.25	10.78	.017	13.60	.19
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	9	23.07	2.56	.003	23.07	.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	3	54.30	18.10	.001	18.10	.02
@TOTAL HOSPITAL	272	1,285	\$ 92,247.58	\$ 71.79	.417	\$ 339.15	\$ 29.95
HOSP INPATIENT TOTAL	72	233	70,373.50	302.03	.076	977.41	22.85
HSC HOSPITALS	1	6	7,236.00	1206.00	.002	7236.00	2.35
NON-HSC HOSPITAL TOTAL	3	4	10,625.31	2656.33	.001	3541.77	3.45
ACCOMMODATIONS	3	4	2,290.06	572.52	.001	763.35	.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	4	2,290.06	572.52	.001	763.35	.74
ANCILLARIES	3	0	8,335.25	.00	.000	2778.42	2.71
INPATIENT CROSSOVERS	68	223	52,512.19	235.48	.072	772.24	17.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	212	1,052	21,874.08	20.79	.342	103.18	7.10
MEDICAL	10	11	325.60	29.60	.004	32.56	.11
SURGERY	1	1	177.02	177.02	.000	177.02	.06
PATHOLOGY	20	95	948.48	9.98	.031	47.42	.31
RADIOLOGY	4	4	261.87	65.47	.001	65.47	.09
ROOM USE	13	21	835.87	39.80	.007	64.30	.27
CROSSOVERS/ALL OTH OUTPTNT	192	920	19,325.24	21.01	.299	100.65	6.27
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,055
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,080 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	272	1,285	\$ 92,247.58	\$ 71.79	.417	\$ 339.15	\$ 29.95
COMM HOSP INPATIENT TOTAL	72	233	70,373.50	302.03	.076	977.41	22.85
HSC HOSPITALS	1	6	7,236.00	1206.00	.002	7236.00	2.35
NON-HSC HOSPITALS TOTAL	3	4	10,625.31	2656.33	.001	3541.77	3.45
ACCOMMODATIONS	3	4	2,290.06	572.52	.001	763.35	.74

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	4		2,290.06	572.52	.001	763.35	.74
ANCILLARIES	3	0		8,335.25	.00	.000	2778.42	2.71
INPATIENT CROSSOVERS	68	223		52,512.19	235.48	.072	772.24	17.05
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	212	1,052		21,874.08	20.79	.342	103.18	7.10
MEDICAL	10	11		325.60	29.60	.004	32.56	.11
SURGERY	1	1		177.02	177.02	.000	177.02	.06
PATHOLOGY	20	95		948.48	9.98	.031	47.42	.31
RADIOLOGY	4	4		261.87	65.47	.001	65.47	.09
ROOM USE	13	21		835.87	39.80	.007	64.30	.27
CROSSOVERS/ALL OTH OUTPTNT	192	920		19,325.24	21.01	.299	100.65	6.27
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	87	2,053	\$	263,471.90	\$ 128.34	.667	\$ 3028.41	\$ 85.54
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	87	2,053		263,471.90	128.34	.667	3028.41	85.54
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	5	\$	1,549.59	\$ 309.92	.002	\$ 1549.59	\$.50
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	5		1,549.59	309.92	.002	1549.59	.50
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	9	\$	114.49	\$ 12.72	.003	\$ 38.16	\$.04
PATHOLOGY	1	5		53.61	10.72	.002	53.61	.02
XO AND OTHERS	2	4		60.88	15.22	.001	30.44	.02
@ORGANIZED OUTPATIENT CLINIC	89	158	\$	17,230.76	\$ 109.06	.051	\$ 193.60	\$ 5.59
CLINIC	1	1		22.41	22.41	.000	22.41	.01
SURGICENTER	2	2		408.35	204.18	.001	204.18	.13
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	86	155		16,800.00	108.39	.050	195.35	5.45

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

AID CODE 14 1H 1U 1X

PAGE 9,056

01/29/04

3,080 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	302	1,865	\$ 67,595.06	\$ 36.24	.606	\$ 223.82	\$ 21.95
DURABLE MED. EQUIP.	9	12	415.98	34.67	.004	46.22	.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	13	18	5,876.53	326.47	.006	452.04	1.91
MEDICAL TRANSPORTATION	15	60	872.64	14.54	.019	58.18	.28
AMBULANCES/AIR TRANS	8	61	702.97	11.52	.020	87.87	.23
OTHER TRANS	3	33	117.67	3.57	.011	39.22	.04
OTHER SERVICES	4	34CR	52.00	1.53CR	.011CR	13.00	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	60	657	45,211.96	68.82	.213	753.53	14.68
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00

OPTICIAN	49	103	1,230.38	11.95	.033	25.11	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	4	3.35	.84	.001	.84	.00
PROSTHETIST/ORTHOTISTS	16	48	625.23	13.03	.016	39.08	.20
PROSTHETICS	16	48	625.23	13.03	.016	39.08	.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	15	3,173.68	211.58	.005	264.47	1.03
HOSPICE SERVICES	2	4	437.80	109.45	.001	218.90	.14
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	140	944	9,747.51	10.33	.306	69.63	3.16
@CALIF. CHILDREN SERVICES*	1	4	\$ 55.78	\$ 13.95	.001	\$ 55.78	\$.02
@XOVER EXCLUDING STATE HOSP**	740	3,328	\$ 118,579.96	\$ 35.63	1.081	\$ 160.24	\$ 38.50

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,057
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	17	356	\$ 23,664.98	\$ 66.47	10.788	\$ 1392.06	\$ 717.12
@PHYSICIANS SERVICES	2	6	\$ 148.14	\$ 24.69	.182	\$ 74.07	\$ 4.49
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	6	148.14	24.69	.182	74.07	4.49
@PHARMACY	13	82	\$ 3,610.62	\$ 44.03	2.485	\$ 277.74	\$ 109.41
PRESCRIPTION DRUGS	13	82	3,610.62	44.03	2.485	277.74	109.41
SNF/ICF	8	75	3,260.31	43.47	2.273	407.54	98.80
OUTPATIENTS	5	7	350.31	50.04	.212	70.06	10.62

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	4	17	\$	1,386.00	\$ 81.53	.515	\$ 346.50	\$ 42.00
VISITS - DIAGNOSTIC	2	3		75.00	25.00	.091	37.50	2.27
ORAL SURGERY	1	10		411.00	41.10	.303	411.00	12.45
DRUGS	1	2		.00	.00	.061	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		900.00	450.00	.061	900.00	27.27
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,058
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND							
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33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 11.62	\$ 5.81	.061	\$ 5.81	\$.35
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	11.62	5.81	.061	5.81	.35
@HOME HEALTH AGENCY	2	74	\$ 2,208.38	\$ 29.84	2.242	\$ 1104.19	\$ 66.92
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	3	\$ 840.00	\$ 280.00	.091	\$ 840.00	\$ 25.45
HOSP INPATIENT TOTAL	1	3	840.00	280.00	.091	840.00	25.45
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3	840.00	280.00	.091	840.00	25.45
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

AID CODE 24

PAGE 9,059 01/29/04

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	3	\$ 840.00	\$ 280.00	.091	\$ 840.00	\$ 25.45
COMM HOSP INPATIENT TOTAL	1	3	840.00	280.00	.091	840.00	25.45
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3	840.00	280.00	.091	840.00	25.45
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	132	\$ 15,325.94	\$ 116.11	4.000	\$ 3065.19	\$ 464.42
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	132	15,325.94	116.11	4.000	3065.19	464.42
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00

PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND							
				AID CODE 24				PAGE 9,060
								01/29/04
33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	40	\$	134.28	\$ 3.36	1.212	\$ 134.28	\$ 4.07
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	40	134.28	3.36	1.212	134.28	4.07
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	6	8	\$ 1,137.78	\$ 142.22	.242	\$ 189.63	\$ 34.48

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,061
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED	64 6G 6H 6U 6V 6X 8G	

2,806 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,164	60,271	\$ 2,175,616.00	\$ 36.10	21.479	\$ 1005.37	\$ 775.34
@PHYSICIANS SERVICES	584	2,283	\$ 79,998.88	\$ 35.04	.814	\$ 136.98	\$ 28.51
OUTPATIENT VISITS	263	434	15,355.64	35.38	.155	58.39	5.47
OFFICE VISITS	198	294	8,130.53	27.65	.105	41.06	2.90
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	77	114	6,603.60	57.93	.041	85.76	2.35
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	24	26	621.51	23.90	.009	25.90	.22
INPATIENT VISITS	47	228	11,349.28	49.78	.081	241.47	4.04
HOSPITAL VISITS	44	204	9,056.29	44.39	.073	205.82	3.23
CRITICAL CARE	9	18	2,063.40	114.63	.006	229.27	.74
SNF/ICF/TRANS IP CARE	5	6	229.59	38.27	.002	45.92	.08
OPHTHALMOLOGICAL SERVICES	6	6	301.34	50.22	.002	50.22	.11
EXAMINATIONS	6	6	301.34	50.22	.002	50.22	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	93	6,273.70	67.46	.033	348.54	2.24
PRINCIPAL SURGEON	15	23	4,722.14	205.31	.008	314.81	1.68
ASSISTANT SURGEON	3	3	361.12	120.37	.001	120.37	.13
ANESTHESIOLOGIST	4	67	1,190.44	17.77	.024	297.61	.42
OUTPATIENT SURGERY	41	82	9,622.66	117.35	.029	234.70	3.43
PRINCIPAL SURGEON	38	48	8,294.16	172.80	.017	218.27	2.96
ASSISTANT SURGEON	2	2	489.20	244.60	.001	244.60	.17
ANESTHESIOLOGIST	6	32	839.30	26.23	.011	139.88	.30

DIALYSIS	5	25		710.72		28.43	.009	142.14	.25
PATHOLOGY	48	121		2,349.16		19.41	.043	48.94	.84
RADIOLOGY	109	271		10,980.88		40.52	.097	100.74	3.91
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	19	164		3,475.98		21.20	.058	182.95	1.24
OTHER SERVICES/ALL X-OVERS	325	859		19,579.52		22.79	.306	60.24	6.98
@PHARMACY	1,769	17,883	\$	1,328,519.46	\$	74.29	6.373	\$ 751.00	\$ 473.46
PRESCRIPTION DRUGS	1,746	7,956		1,304,365.23		163.95	2.835	747.06	464.85
SNF/ICF	30	163		13,025.76		79.91	.058	434.19	4.64
OUTPATIENTS	1,718	7,793		1,291,339.47		165.71	2.777	751.65	460.21
MEDICAL SUPPLIES	141	9,927		24,154.23		2.43	3.538	171.31	8.61
@DENTIST	138	543	\$	24,573.00	\$	45.25	.194	\$ 178.07	\$ 8.76
VISITS - DIAGNOSTIC	87	318		4,466.00		14.04	.113	51.33	1.59
ORAL SURGERY	24	58		2,497.00		43.05	.021	104.04	.89
DRUGS	1	1		25.00		25.00	.000	25.00	.01
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	5	5		800.00		160.00	.002	160.00	.29
ENDODONTICS	5	8		1,046.00		130.75	.003	209.20	.37
RESTORATIVE DENTISTRY	56	120		11,883.00		99.03	.043	212.20	4.23
PROSTHETICS	1	1		30.00		30.00	.000	30.00	.01
DENTURES, STAYPLATES	11	32		3,826.00		119.56	.011	347.82	1.36
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,062
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

	2,806 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	62	151	\$	3,187.22	\$ 21.11	.054	\$ 51.41	\$ 1.14
DIAGNOSTIC AND ANC. PROCED	19	19		860.90	45.31	.007	45.31	.31
EYE APPLIANCES	46	124		2,058.86	16.60	.044	44.76	.73
OTHER OPTOMETRIC SERVICES	8	8		267.46	33.43	.003	33.43	.10
@CHIROPRACTOR	1	2	\$	16.72	\$ 8.36	.001	\$ 16.72	\$.01
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	2		16.72	8.36	.001	16.72	.01
@PODIATRIST	10	12	\$	343.34	\$ 28.61	.004	\$ 34.33	\$.12
MEDICINE/INJECTIONS	2	3		105.20	35.07	.001	52.60	.04
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	8	9		238.14	26.46	.003	29.77	.08
@HOME HEALTH AGENCY	24	3,284	\$	94,646.19	\$ 28.82	1.170	\$ 3943.59	\$ 33.73
NURSE ANESTHESIST	3	49	\$	120.80	\$ 2.47	.017	\$ 40.27	\$.04
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	4	\$	51.92	\$ 12.98	.001	\$ 12.98	\$.02
@TOTAL HOSPITAL	451	2,808	\$	432,951.04	\$ 154.18	1.001	\$ 959.98	\$ 154.29
HOSP INPATIENT TOTAL	58	339		378,662.70	1117.00	.121	6528.67	134.95
HSC HOSPITALS	12	99		119,098.00	1203.01	.035	9924.83	42.44
NON-HSC HOSPITAL TOTAL	27	104		246,121.28	2366.55	.037	9115.60	87.71
ACCOMMODATIONS	27	104		67,692.84	650.89	.037	2507.14	24.12
ADMINISTRATIVE DAYS	1	3		2,436.00	812.00	.001	2436.00	.87
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	26	101		65,256.84	646.11	.036	2509.88	23.26
ANCILLARIES	27	0		178,428.44	.00	.000	6608.46	63.59
INPATIENT CROSSOVERS	19	136		13,443.42	98.85	.048	707.55	4.79
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	411	2,469		54,288.34	21.99	.880	132.09	19.35
MEDICAL	53	71		2,790.64	39.30	.025	52.65	.99
SURGERY	32	32		1,441.08	45.03	.011	45.03	.51
PATHOLOGY	153	727		9,263.73	12.74	.259	60.55	3.30
RADIOLOGY	81	193		15,269.31	79.12	.069	188.51	5.44
ROOM USE	127	197		7,494.55	38.04	.070	59.01	2.67
CROSSOVERS/ALL OTH OUTPTNT	233	1,249		18,029.03	14.43	.445	77.38	6.43
@COUNTY HOSPITAL TOTAL	8	65	\$	49,983.21	\$ 768.97	.023	\$ 6247.90	\$ 17.81
CO HOSPITAL INPATIENT TOTAL	1	36		48,672.00	1352.00	.013	48672.00	17.35
HSC HOSPITALS	1	36		48,672.00	1352.00	.013	48672.00	17.35
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	29		1,311.21	45.21	.010	187.32	.47
MEDICAL	4	5		239.92	47.98	.002	59.98	.09
SURGERY	1	1		25.15	25.15	.000	25.15	.01
PATHOLOGY	1	4		31.20	7.80	.001	31.20	.01
RADIOLOGY	5	12		772.33	64.36	.004	154.47	.28
ROOM USE	6	7		242.61	34.66	.002	40.44	.09
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003				PAGE 9,063
MOP024				FEE-FOR-SERVICE/DENTAL				01/29/04
NEVADA COUNTY				SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G				

	2,806 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	443	2,743	\$	382,967.83	\$ 139.62	.978	\$ 864.49	\$ 136.48
COMM HOSP INPATIENT TOTAL	57	303		329,990.70	1089.08	.108	5789.31	117.60
HSC HOSPITALS	11	63		70,426.00	1117.87	.022	6402.36	25.10
NON-HSC HOSPITALS TOTAL	27	104		246,121.28	2366.55	.037	9115.60	87.71
ACCOMMODATIONS	27	104		67,692.84	650.89	.037	2507.14	24.12
ADMINISTRATIVE DAYS	1	3		2,436.00	812.00	.001	2436.00	.87
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	26	101		65,256.84	646.11	.036	2509.88	23.26
ANCILLARIES	27	0		178,428.44	.00	.000	6608.46	63.59
INPATIENT CROSSOVERS	19	136		13,443.42	98.85	.048	707.55	4.79
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	404	2,440		52,977.13	21.71	.870	131.13	18.88
MEDICAL	49	66		2,550.72	38.65	.024	52.06	.91
SURGERY	31	31		1,415.93	45.68	.011	45.68	.50
PATHOLOGY	152	723		9,232.53	12.77	.258	60.74	3.29
RADIOLOGY	76	181		14,496.98	80.09	.065	190.75	5.17
ROOM USE	121	190		7,251.94	38.17	.068	59.93	2.58
CROSSOVERS/ALL OTH OUTPTNT	233	1,249		18,029.03	14.43	.445	77.38	6.43
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	11	272	\$	46,974.63	\$ 172.70	.097	\$ 4270.42	\$ 16.74
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	11	272		46,974.63	172.70	.097	4270.42	16.74
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	20	87	\$	9,021.11	\$ 103.69	.031	\$ 451.06	\$ 3.21
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	20	87		9,021.11	103.69	.031	451.06	3.21
@REHABILITATION FACILITY	4	19	\$	514.39	\$ 27.07	.007	\$ 128.60	\$.18
HOSPITAL BASED	1	11		388.44	35.31	.004	388.44	.14
INDEPENDENT FACILITY	3	8		125.95	15.74	.003	41.98	.04
@LABORATORY FACILITY	22	105	\$	1,191.84	\$ 11.35	.037	\$ 54.17	\$.42
PATHOLOGY	22	105		1,191.84	11.35	.037	54.17	.42
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	165	290	\$	34,944.83	\$ 120.50	.103	\$ 211.79	\$ 12.45
CLINIC	1	1		2.85	2.85	.000	2.85	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	164	289		34,941.98	120.91	.103	213.06	12.45

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	2,806 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	278	32,479	\$	118,560.63	\$ 3.65	11.575	\$ 426.48	\$ 42.25
DURABLE MED. EQUIP.	42	154		12,424.35	80.68	.055	295.82	4.43
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		125.00	125.00	.000	125.00	.04
MEDICAL TRANSPORTATION	38	1,209		14,989.40	12.40	.431	394.46	5.34
AMBULANCES/AIR TRANS	36	1,192		9,515.13	7.98	.425	264.31	3.39
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	5	17		5,474.27	322.02	.006	1094.85	1.95
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	34	681		32,583.39	47.85	.243	958.34	11.61
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	60	139		1,626.59	11.70	.050	27.11	.58
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1		.67	.67	.000	.67	.00
PROSTHETIST/ORTHOTISTS	23	53		11,365.60	214.45	.019	494.16	4.05
PROSTHETICS	23	53		11,365.60	214.45	.019	494.16	4.05
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5		153.99	30.80	.002	51.33	.05
HOSPICE SERVICES	3	7		2,307.43	329.63	.002	769.14	.82
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	40	15,998		31,004.13	1.94	5.701	775.10	11.05
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	53	14,231		11,980.08	.84	5.072	226.04	4.27
@CALIF. CHILDREN SERVICES*	19	1,649	\$	14,781.49	\$ 8.96	.588	\$ 777.97	\$ 5.27
@XOVER EXCLUDING STATE HOSP**	417	3,006	\$	54,050.09	\$ 17.98	1.071	\$ 129.62	\$ 19.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

----- MONTHLY AVERAGE -----

35,401 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16,456	101,173	\$ 5,222,840.73	\$ 51.62	2.858	\$ 317.38	\$ 147.53
@PHYSICIANS SERVICES	7,793	19,177	\$ 732,218.28	\$ 38.18	.542	\$ 93.96	\$ 20.68
OUTPATIENT VISITS	6,218	8,648	303,164.00	35.06	.244	48.76	8.56
OFFICE VISITS	4,398	5,675	168,574.98	29.70	.160	38.33	4.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,184	2,730	121,620.28	44.55	.077	55.69	3.44
PREVENTIVE CARE	4	4	209.82	52.46	.000	52.46	.01
OB VISITS/COMPRE PERI	77	124	9,506.64	76.67	.004	123.46	.27
OTHER OUTPATIENT	108	115	3,252.28	28.28	.003	30.11	.09
INPATIENT VISITS	278	813	50,056.20	61.57	.023	180.06	1.41
HOSPITAL VISITS	264	609	25,827.37	42.41	.017	97.83	.73
CRITICAL CARE	25	202	24,173.83	119.67	.006	966.95	.68
SNF/ICF/TRANS IP CARE	1	2	55.00	27.50	.000	55.00	.00
OPHTHALMOLOGICAL SERVICES	88	94	4,536.88	48.26	.003	51.56	.13

EXAMINATIONS	87	93		4,511.88		48.51	.003	51.86	.13
SERVICES AND MATERIALS	1	1		25.00		25.00	.000	25.00	.00
INPATIENT HOSPITAL SURGERY	223	968		122,111.51		126.15	.027	547.59	3.45
PRINCIPAL SURGEON	151	182		101,959.64		560.22	.005	675.23	2.88
ASSISTANT SURGEON	23	21		3,645.24		173.58	.001	158.49	.10
ANESTHESIOLOGIST	79	765		16,506.63		21.58	.022	208.94	.47
OUTPATIENT SURGERY	689	1,361		95,883.32		70.45	.038	139.16	2.71
PRINCIPAL SURGEON	618	781		81,073.22		103.81	.022	131.19	2.29
ASSISTANT SURGEON	3	3		238.28		79.43	.000	79.43	.01
ANESTHESIOLOGIST	117	577		14,571.82		25.25	.016	124.55	.41
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	868	1,284		17,632.94		13.73	.036	20.31	.50
RADIOLOGY	1,548	2,263		64,231.57		28.38	.064	41.49	1.81
PSYCHIATRY	4	4		201.33		50.33	.000	50.33	.01
IMMUNIZATION AND INJECTION	247	470		18,263.27		38.86	.013	73.94	.52
OTHER SERVICES/ALL X-OVERS	800	3,272		56,137.26		17.16	.092	70.17	1.59
@PHARMACY	8,133	35,422	\$	1,581,345.69	\$	44.64	1.001	\$ 194.44	\$ 44.67
PRESCRIPTION DRUGS	8,089	18,707		1,118,898.35		59.81	.528	138.32	31.61
SNF/ICF	17	54		2,124.81		39.35	.002	124.99	.06
OUTPATIENTS	8,077	18,653		1,116,773.54		59.87	.527	138.27	31.55
MEDICAL SUPPLIES	165	16,715		462,447.34		27.67	.472	2802.71	13.06
@DENTIST	1,540	6,221	\$	251,952.35	\$	40.50	.176	\$ 163.61	\$ 7.12
VISITS - DIAGNOSTIC	1,051	3,663		61,969.95		16.92	.103	58.96	1.75
ORAL SURGERY	190	490		27,585.00		56.30	.014	145.18	.78
DRUGS	104	126		2,723.75		21.62	.004	26.19	.08
ANESTHESIA	10	11		900.00		81.82	.000	90.00	.03
PERIODONTICS	18	19		2,292.00		120.63	.001	127.33	.06
ENDODONTICS	128	231		38,299.50		165.80	.007	299.21	1.08
RESTORATIVE DENTISTRY	562	1,491		98,752.15		66.23	.042	175.72	2.79
PROSTHETICS	3	3		90.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	26	45		12,031.00		267.36	.001	462.73	.34
SPACE MAINTAINERS	18	19		2,471.00		130.05	.001	137.28	.07
MAXILLOFACIAL SERVICES	1	1		48.00		48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	2	2		1,900.00		950.00	.000	950.00	.05
ORTHODONTIC SERVICES	33	40		2,740.00		68.50	.001	83.03	.08
ALL OTHER SERVICES	41	80		150.00		1.88	.002	3.66	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,066
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K								
35,401 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	392	1,140	\$	26,612.62	\$ 23.34	.032	\$ 67.89	\$.75	
DIAGNOSTIC AND ANC. PROCED	291	292		13,770.48	47.16	.008	47.32	.39	
EYE APPLIANCES	296	831		12,290.95	14.79	.023	41.52	.35	
OTHER OPTOMETRIC SERVICES	14	17		551.19	32.42	.000	39.37	.02	
@CHIROPRACTOR	211	332	\$	5,505.06	\$ 16.58	.009	\$ 26.09	\$.16	
VISITS	211	332		5,505.06	16.58	.009	26.09	.16	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	29	46	\$	1,334.78	\$ 29.02	.001	\$ 46.03	\$.04	
MEDICINE/INJECTIONS	28	39		1,203.46	30.86	.001	42.98	.03	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	3	5		81.32	16.26	.000	27.11	.00	
OTHER	2	2		50.00	25.00	.000	25.00	.00	
@HOME HEALTH AGENCY	35	139	\$	9,400.49	\$ 67.63	.004	\$ 268.59	\$.27	
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00	
NURSE MIDWIFE	21	54	\$	3,438.71	\$ 63.68	.002	\$ 163.75	\$.10	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	168	212	\$	5,293.24	\$ 24.97	.006	\$ 31.51	\$.15	
@TOTAL HOSPITAL	4,483	20,515	\$	2,053,552.72	\$ 100.10	.580	\$ 458.08	\$ 58.01	

HOSP INPATIENT TOTAL	296	1,114	1,530,681.48	1374.04	.031	5171.22	43.24
HSC HOSPITALS	43	239	321,931.08	1346.99	.007	7486.77	9.09
NON-HSC HOSPITAL TOTAL	244	848	1,202,023.60	1417.48	.024	4926.33	33.95
ACCOMMODATIONS	244	848	355,658.40	419.41	.024	1457.62	10.05
ADMINISTRATIVE DAYS	1	4	3,248.00	812.00	.000	3248.00	.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	244	844	352,410.40	417.55	.024	1444.30	9.95
ANCILLARIES	244	0	846,365.20	.00	.000	3468.71	23.91
INPATIENT CROSSOVERS	9	27	6,726.80	249.14	.001	747.42	.19
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,336	19,401	522,871.24	26.95	.548	120.59	14.77
MEDICAL	559	709	24,451.91	34.49	.020	43.74	.69
SURGERY	426	477	12,386.48	25.97	.013	29.08	.35
PATHOLOGY	1,733	6,154	80,845.33	13.14	.174	46.65	2.28
RADIOLOGY	1,205	1,607	112,099.89	69.76	.045	93.03	3.17
ROOM USE	3,012	4,260	161,291.14	37.86	.120	53.55	4.56
CROSSOVERS/ALL OTH OUTPTNT	1,851	6,194	131,796.49	21.28	.175	71.20	3.72
@COUNTY HOSPITAL TOTAL	5	18	\$ 853.57	\$ 47.42	.001	\$ 170.71	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	18	853.57	47.42	.001	170.71	.02
MEDICAL	1	3	139.09	46.36	.000	139.09	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	5	48.39	9.68	.000	48.39	.00
RADIOLOGY	2	3	70.67	23.56	.000	35.34	.00
ROOM USE	2	2	80.82	40.41	.000	40.41	.00
CROSSOVERS/ALL OTH OUTPTNT	5	5	514.60	102.92	.000	102.92	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,067
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						
					----- MONTHLY AVERAGE -----		
35,401 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,481	20,497	\$ 2,052,699.15	\$ 100.15	.579	\$ 458.09	\$ 57.98
COMM HOSP INPATIENT TOTAL	296	1,114	1,530,681.48	1374.04	.031	5171.22	43.24
HSC HOSPITALS	43	239	321,931.08	1346.99	.007	7486.77	9.09
NON-HSC HOSPITALS TOTAL	244	848	1,202,023.60	1417.48	.024	4926.33	33.95
ACCOMMODATIONS	244	848	355,658.40	419.41	.024	1457.62	10.05
ADMINISTRATIVE DAYS	1	4	3,248.00	812.00	.000	3248.00	.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	244	844	352,410.40	417.55	.024	1444.30	9.95
ANCILLARIES	244	0	846,365.20	.00	.000	3468.71	23.91
INPATIENT CROSSOVERS	9	27	6,726.80	249.14	.001	747.42	.19
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,333	19,383	522,017.67	26.93	.548	120.47	14.75
MEDICAL	559	706	24,312.82	34.44	.020	43.49	.69
SURGERY	426	477	12,386.48	25.97	.013	29.08	.35
PATHOLOGY	1,733	6,149	80,796.94	13.14	.174	46.62	2.28
RADIOLOGY	1,204	1,604	112,029.22	69.84	.045	93.05	3.16
ROOM USE	3,011	4,258	161,210.32	37.86	.120	53.54	4.55
CROSSOVERS/ALL OTH OUTPTNT	1,848	6,189	131,281.89	21.21	.175	71.04	3.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	62	\$	7,143.02	\$ 115.21	.002	\$ 7143.02	\$.20
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	62		7,143.02	115.21	.002	7143.02	.20
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	15	33	\$	6,931.13	\$ 210.03	.001	\$ 462.08	\$.20
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	33		6,931.13	210.03	.001	462.08	.20
@REHABILITATION FACILITY	11	37	\$	1,097.52	\$ 29.66	.001	\$ 99.77	\$.03
HOSPITAL BASED	6	12		727.24	60.60	.000	121.21	.02
INDEPENDENT FACILITY	5	25		370.28	14.81	.001	74.06	.01
@LABORATORY FACILITY	700	1,527	\$	29,116.71	\$ 19.07	.043	\$ 41.60	\$.82
PATHOLOGY	700	1,527		29,116.71	19.07	.043	41.60	.82
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,762	3,414	\$	392,506.34	\$ 114.97	.096	\$ 222.76	\$ 11.09
CLINIC	309	939		25,152.47	26.79	.027	81.40	.71
SURGICENTER	27	149		4,151.44	27.86	.004	153.76	.12
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,453	2,326		363,202.43	156.15	.066	249.97	10.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,068
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K							

						----- MONTHLY AVERAGE -----	
35,401 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,625	12,842	\$ 115,392.07	\$ 8.99	.363	\$ 71.01	\$ 3.26
DURABLE MED. EQUIP.	28	44	3,602.67	81.88	.001	128.67	.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	4	1,490.94	372.74	.000	372.74	.04
MEDICAL TRANSPORTATION	147	1,178	32,896.77	27.93	.033	223.79	.93
AMBULANCES/AIR TRANS	144	1,145	23,766.05	20.76	.032	165.04	.67
OTHER TRANS	2	21	108.64	5.17	.001	54.32	.00
OTHER SERVICES	6	12	9,022.08	751.84	.000	1503.68	.25
ACUPUNCTURE	3	3	70.28	23.43	.000	23.43	.00
ADULT DAY HEALTH CARE CTR	1	3	205.71	68.57	.000	205.71	.01
GENETIC DISEASE TESTING	55	55	5,533.00	100.60	.002	100.60	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	324	687	6,221.97	9.06	.019	19.20	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	39	72	7,208.14	100.11	.002	184.82	.20
PROSTHETICS	38	71	7,157.20	100.81	.002	188.35	.20
ORTHOTICS	1	1	50.94	50.94	.000	50.94	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	34	1,426.36	41.95	.001	83.90	.04
HOSPICE SERVICES	0	0	3,120.66	.00	.000	.00	.09
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,000	7,972	51,373.90	6.44	.225	51.37	1.45
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	34	2,790		2,241.67		.80	.079	65.93		.06
@CALIF. CHILDREN SERVICES*	122	3,707	\$	548,541.81	\$	147.97	.105	\$ 4496.24	\$	15.50
@XOVER EXCLUDING STATE HOSP**	115	1,854	\$	20,705.21	\$	11.17	.052	\$ 180.05	\$	.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,069
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

41,320 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20,965	181,416	\$ 8,414,707.21	\$ 46.38	4.391	\$ 401.37	\$ 203.65
@PHYSICIANS SERVICES	8,790	23,109	\$ 842,577.75	\$ 36.46	.559	\$ 95.86	\$ 20.39
OUTPATIENT VISITS	6,495	9,103	319,566.42	35.11	.220	49.20	7.73
OFFICE VISITS	4,604	5,977	176,951.51	29.61	.145	38.43	4.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,269	2,857	129,024.66	45.16	.069	56.86	3.12
PREVENTIVE CARE	4	4	209.82	52.46	.000	52.46	.01
OB VISITS/COMPRI PERI	77	124	9,506.64	76.67	.003	123.46	.23
OTHER OUTPATIENT	132	141	3,873.79	27.47	.003	29.35	.09
INPATIENT VISITS	332	1,063	62,978.38	59.25	.026	189.69	1.52
HOSPITAL VISITS	314	827	35,544.56	42.98	.020	113.20	.86
CRITICAL CARE	38	228	27,149.23	119.08	.006	714.45	.66
SNF/ICF/TRANS IP CARE	6	8	284.59	35.57	.000	47.43	.01
OPHTHALMOLOGICAL SERVICES	96	102	4,953.80	48.57	.002	51.60	.12
EXAMINATIONS	95	101	4,928.80	48.80	.002	51.88	.12
SERVICES AND MATERIALS	1	1	25.00	25.00	.000	25.00	.00
INPATIENT HOSPITAL SURGERY	251	1,154	135,867.95	117.74	.028	541.31	3.29
PRINCIPAL SURGEON	174	218	111,800.54	512.85	.005	642.53	2.71
ASSISTANT SURGEON	28	26	4,524.97	174.04	.001	161.61	.11
ANESTHESIOLOGIST	87	910	19,542.44	21.48	.022	224.63	.47
OUTPATIENT SURGERY	731	1,444	106,511.19	73.76	.035	145.71	2.58
PRINCIPAL SURGEON	657	830	90,372.59	108.88	.020	137.55	2.19
ASSISTANT SURGEON	5	5	727.48	145.50	.000	145.50	.02
ANESTHESIOLOGIST	123	609	15,411.12	25.31	.015	125.29	.37
DIALYSIS	5	25	710.72	28.43	.001	142.14	.02
PATHOLOGY	920	1,412	20,073.49	14.22	.034	21.82	.49
RADIOLOGY	1,669	2,567	75,839.58	29.54	.062	45.44	1.84
PSYCHIATRY	4	4	201.33	50.33	.000	50.33	.00
IMMUNIZATION AND INJECTION	268	636	21,751.98	34.20	.015	81.16	.53
OTHER SERVICES/ALL X-OVERS	1,518	5,599	94,122.91	16.81	.136	62.00	2.28
@PHARMACY	11,927	65,550	\$ 3,416,313.81	\$ 52.12	1.586	\$ 286.44	\$ 82.68
PRESCRIPTION DRUGS	11,837	34,911	2,924,162.26	83.76	.845	247.04	70.77
SNF/ICF	153	888	42,826.97	48.23	.021	279.91	1.04
OUTPATIENTS	11,703	34,023	2,881,335.29	84.69	.823	246.20	69.73
MEDICAL SUPPLIES	383	30,639	492,151.55	16.06	.742	1284.99	11.91
@DENTIST	1,758	7,058	\$ 292,875.15	\$ 41.50	.171	\$ 166.60	\$ 7.09
VISITS - DIAGNOSTIC	1,191	4,134	68,572.75	16.59	.100	57.58	1.66
ORAL SURGERY	229	598	32,661.00	54.62	.014	142.62	.79
DRUGS	106	129	2,748.75	21.31	.003	25.93	.07
ANESTHESIA	10	11	900.00	81.82	.000	90.00	.02
PERIODONTICS	23	24	3,092.00	128.83	.001	134.43	.07
ENDODONTICS	135	241	39,820.50	165.23	.006	294.97	.96
RESTORATIVE DENTISTRY	636	1,645	113,676.15	69.10	.040	178.74	2.75
PROSTHETICS	4	4	120.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	54	126	23,975.00	190.28	.003	443.98	.58
SPACE MAINTAINERS	18	19	2,471.00	130.05	.000	137.28	.06
MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	2	2	1,900.00	950.00	.000	950.00	.05

ORTHODONTIC SERVICES	33	40	2,740.00	68.50	.001	83.03	.07
ALL OTHER SERVICES	45	84	150.00	1.79	.002	3.33	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

PAGE 9,070 01/29/04

	41,320 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	490	1,384	\$	31,513.05	\$ 22.77	.033	\$ 64.31	\$.76
DIAGNOSTIC AND ANC. PROCED	312	313		14,726.28	47.05	.008	47.20	.36
EYE APPLIANCES	370	1,029		15,636.27	15.20	.025	42.26	.38
OTHER OPTOMETRIC SERVICES	32	42		1,150.50	27.39	.001	35.95	.03
@CHIROPRACTOR	212	334	\$	5,521.78	\$ 16.53	.008	\$ 26.05	\$.13
VISITS	211	332		5,505.06	16.58	.008	26.09	.13
OTHER SERVICES	1	2		16.72	8.36	.000	16.72	.00
@PODIATRIST	83	113	\$	2,260.99	\$ 20.01	.003	\$ 27.24	\$.05

MEDICINE/INJECTIONS	30	42		1,308.66		31.16	.001	43.62	.03
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	3	5		81.32		16.26	.000	27.11	.00
OTHER	54	66		871.01		13.20	.002	16.13	.02
@HOME HEALTH AGENCY	61	3,497	\$	106,255.06	\$	30.38	.085	\$ 1741.89	\$ 2.57
NURSE ANESTHESIST	4	58	\$	143.87	\$	2.48	.001	\$ 35.97	\$.00
NURSE MIDWIFE	21	54	\$	3,438.71	\$	63.68	.001	\$ 163.75	\$.08
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	175	219	\$	5,399.46	\$	24.66	.005	\$ 30.85	\$.13
@TOTAL HOSPITAL	5,207	24,611	\$	2,579,591.34	\$	104.81	.596	\$ 495.41	\$ 62.43
HOSP INPATIENT TOTAL	427	1,689		1,980,557.68		1172.62	.041	4638.31	47.93
HSC HOSPITALS	56	344		448,265.08		1303.10	.008	8004.73	10.85
NON-HSC HOSPITAL TOTAL	274	956		1,458,770.19		1525.91	.023	5323.98	35.30
ACCOMMODATIONS	274	956		425,641.30		445.23	.023	1553.44	10.30
ADMINISTRATIVE DAYS	2	7		5,684.00		812.00	.000	2842.00	.14
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	273	949		419,957.30		442.53	.023	1538.31	10.16
ANCILLARIES	274	0		1,033,128.89		.00	.000	3770.54	25.00
INPATIENT CROSSOVERS	97	389		73,522.41		189.00	.009	757.96	1.78
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,959	22,922		599,033.66		26.13	.555	120.80	14.50
MEDICAL	622	791		27,568.15		34.85	.019	44.32	.67
SURGERY	459	510		14,004.58		27.46	.012	30.51	.34
PATHOLOGY	1,906	6,976		91,057.54		13.05	.169	47.77	2.20
RADIOLOGY	1,290	1,804		127,631.07		70.75	.044	98.94	3.09
ROOM USE	3,152	4,478		169,621.56		37.88	.108	53.81	4.11
CROSSOVERS/ALL OTH OUTPTNT	2,276	8,363		169,150.76		20.23	.202	74.32	4.09
@COUNTY HOSPITAL TOTAL	13	83	\$	50,836.78	\$	612.49	.002	\$ 3910.52	\$ 1.23
CO HOSPITAL INPATIENT TOTAL	1	36		48,672.00		1352.00	.001	48672.00	1.18
HSC HOSPITALS	1	36		48,672.00		1352.00	.001	48672.00	1.18
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12	47		2,164.78		46.06	.001	180.40	.05
MEDICAL	5	8		379.01		47.38	.000	75.80	.01
SURGERY	1	1		25.15		25.15	.000	25.15	.00
PATHOLOGY	2	9		79.59		8.84	.000	39.80	.00
RADIOLOGY	7	15		843.00		56.20	.000	120.43	.02
ROOM USE	8	9		323.43		35.94	.000	40.43	.01
CROSSOVERS/ALL OTH OUTPTNT	5	5		514.60		102.92	.000	102.92	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,071
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

				----- MONTHLY AVERAGE -----			
41,320 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,197	24,528	\$ 2,528,754.56	\$ 103.10	.594	\$ 486.58	\$ 61.20
COMM HOSP INPATIENT TOTAL	426	1,653	1,931,885.68	1168.71	.040	4534.94	46.75
HSC HOSPITALS	55	308	399,593.08	1297.38	.007	7265.33	9.67
NON-HSC HOSPITALS TOTAL	274	956	1,458,770.19	1525.91	.023	5323.98	35.30
ACCOMMODATIONS	274	956	425,641.30	445.23	.023	1553.44	10.30
ADMINISTRATIVE DAYS	2	7	5,684.00	812.00	.000	2842.00	.14
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	273	949	419,957.30	442.53	.023	1538.31	10.16
ANCILLARIES	274	0	1,033,128.89	.00	.000	3770.54	25.00

INPATIENT CROSSOVERS	97	389		73,522.41	189.00	.009	757.96	1.78
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,949	22,875		596,868.88	26.09	.554	120.60	14.45
MEDICAL	618	783		27,189.14	34.72	.019	44.00	.66
SURGERY	458	509		13,979.43	27.46	.012	30.52	.34
PATHOLOGY	1,905	6,967		90,977.95	13.06	.169	47.76	2.20
RADIOLOGY	1,284	1,789		126,788.07	70.87	.043	98.74	3.07
ROOM USE	3,145	4,469		169,298.13	37.88	.108	53.83	4.10
CROSSOVERS/ALL OTH OUTPTNT	2,273	8,358		168,636.16	20.18	.202	74.19	4.08
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	104	2,519	\$	332,915.49	\$ 132.16	.061	\$ 3201.11	\$ 8.06
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	104	2,519		332,915.49	132.16	.061	3201.11	8.06
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	36	125	\$	17,501.83	\$ 140.01	.003	\$ 486.16	\$.42
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	36	125		17,501.83	140.01	.003	486.16	.42
@REHABILITATION FACILITY	15	56	\$	1,611.91	\$ 28.78	.001	\$ 107.46	\$.04
HOSPITAL BASED	7	23		1,115.68	48.51	.001	159.38	.03
INDEPENDENT FACILITY	8	33		496.23	15.04	.001	62.03	.01
@LABORATORY FACILITY	725	1,641	\$	30,423.04	\$ 18.54	.040	\$ 41.96	\$.74
PATHOLOGY	723	1,637		30,362.16	18.55	.040	41.99	.73
XO AND OTHERS	2	4		60.88	15.22	.000	30.44	.00
@ORGANIZED OUTPATIENT CLINIC	2,016	3,862	\$	444,681.93	\$ 115.14	.093	\$ 220.58	\$ 10.76
CLINIC	311	941		25,177.73	26.76	.023	80.96	.61
SURGICENTER	29	151		4,559.79	30.20	.004	157.23	.11
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,703	2,770		414,944.41	149.80	.067	243.65	10.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,072
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

41,320 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,206	47,226	\$ 301,682.04	\$ 6.39	1.143	\$ 136.76	\$ 7.30
DURABLE MED. EQUIP.	79	210	16,443.00	78.30	.005	208.14	.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	18	23	7,492.47	325.76	.001	416.25	.18
MEDICAL TRANSPORTATION	200	2,447	48,758.81	19.93	.059	243.79	1.18
AMBULANCES/AIR TRANS	188	2,398	33,984.15	14.17	.058	180.77	.82
OTHER TRANS	5	54	226.31	4.19	.001	45.26	.01
OTHER SERVICES	15	5CR	14,548.35	2909.67CR	.000	969.89	.35
ACUPUNCTURE	3	3	70.28	23.43	.000	23.43	.00
ADULT DAY HEALTH CARE CTR	61	660	45,417.67	68.81	.016	744.55	1.10
GENETIC DISEASE TESTING	55	55	5,533.00	100.60	.001	100.60	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	34	681	32,583.39	47.85	.016	958.34	.79
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	433	929	9,078.94	9.77	.022	20.97	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	5	4.02	.80	.000	.80	.00
PROSTHETIST/ORTHOTISTS	78	173	19,198.97	110.98	.004	246.14	.46

PROSTHETICS	77	172		19,148.03	111.33	.004	248.68	.46
ORTHOTICS	1	1		50.94	50.94	.000	50.94	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	32	54		4,754.03	88.04	.001	148.56	.12
HOSPICE SERVICES	5	11		5,865.89	533.26	.000	1173.18	.14
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,041	24,010		82,512.31	3.44	.581	79.26	2.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	227	17,965		23,969.26	1.33	.435	105.59	.58
@CALIF. CHILDREN SERVICES*	142	5,360	\$	563,379.08	\$ 105.11	.130	\$ 3967.46	\$ 13.63
@XOVER EXCLUDING STATE HOSP**	1,278	8,196	\$	194,473.04	\$ 23.73	.198	\$ 152.17	\$ 4.71

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,073
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED	

103 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	150	2,337	\$ 168,189.17	\$ 71.97	22.689	\$ 1121.26	\$ 1632.90
@PHYSICIANS SERVICES	22	216	\$ 1,910.72	\$ 8.85	2.097	\$ 86.85	\$ 18.55
OUTPATIENT VISITS	2	2	42.10	21.05	.019	21.05	.41
OFFICE VISITS	2	2	42.10	21.05	.019	21.05	.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	4	106.58	26.65	.039	53.29	1.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	19	210	1,762.04	8.39	2.039	92.74	17.11
@PHARMACY	68	614	\$ 25,169.94	\$ 40.99	5.961	\$ 370.15	\$ 244.37
PRESCRIPTION DRUGS	65	359	24,260.91	67.58	3.485	373.24	235.54
SNF/ICF	42	260	13,283.98	51.09	2.524	316.29	128.97
OUTPATIENTS	27	99	10,976.93	110.88	.961	406.55	106.57
MEDICAL SUPPLIES	9	255	909.03	3.56	2.476	101.00	8.83
@DENTIST	9	23	\$ 1,435.00	\$ 62.39	.223	\$ 159.44	\$ 13.93
VISITS - DIAGNOSTIC	7	13	85.00	6.54	.126	12.14	.83
ORAL SURGERY	1	1	.00	.00	.010	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	5	.00	.00	.049	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	4	1,350.00	337.50	.039	675.00	13.11
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - SOC - AGED

AID CODE 17 1Y

PAGE 9,074
01/29/04

103 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.029	\$ 53.11	\$.52
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.029	53.11	.52
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	12	\$ 138.52	\$ 11.54	.117	\$ 17.32	\$ 1.34
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	8	12	138.52	11.54	.117	17.32	1.34
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	35	195	\$ 9,628.38	\$ 49.38	1.893	\$ 275.10	\$ 93.48
HOSP INPATIENT TOTAL	12	52	5,965.83	114.73	.505	497.15	57.92
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12	52	5,965.83	114.73	.505	497.15	57.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	23	143	3,662.55	25.61	1.388	159.24	35.56
MEDICAL	3	7	473.39	67.63	.068	157.80	4.60
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	20	283.25	14.16	.194	70.81	2.75
RADIOLOGY	3	5	361.90	72.38	.049	120.63	3.51
ROOM USE	3	4	107.81	26.95	.039	35.94	1.05
CROSSOVERS/ALL OTH OUTPTNT	18	107	2,436.20	22.77	1.039	135.34	23.65
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

103 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST MONTHLY AVERAGE COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	195	\$	9,628.38	\$ 49.38	1.893	\$ 275.10	\$ 93.48
COMM HOSP INPATIENT TOTAL	12	52		5,965.83	114.73	.505	497.15	57.92
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12	52		5,965.83	114.73	.505	497.15	57.92
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	23	143		3,662.55	25.61	1.388	159.24	35.56
MEDICAL	3	7		473.39	67.63	.068	157.80	4.60
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	20		283.25	14.16	.194	70.81	2.75
RADIOLOGY	3	5		361.90	72.38	.049	120.63	3.51
ROOM USE	3	4		107.81	26.95	.039	35.94	1.05
CROSSOVERS/ALL OTH OUTPTNT	18	107		2,436.20	22.77	1.039	135.34	23.65
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	42	1,225	\$	129,018.81	\$ 105.32	11.893	\$ 3071.88	\$ 1252.61
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	42	1,225		129,018.81	105.32	11.893	3071.88	1252.61
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	5	\$	550.96	\$ 110.19	.049	\$ 275.48	\$ 5.35
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	5		550.96	110.19	.049	275.48	5.35

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - AGED

AID CODE 17 1Y

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103 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	44	\$ 283.73	\$ 6.45	.427	\$ 35.47	\$ 2.75
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	31	105.70	3.41	.301	35.23	1.03
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	3	31	105.70	3.41	.301	35.23	1.03

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	36.02	18.01	.019	36.02	.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.50	.50	.010	.50	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	10	141.51	14.15	.097	47.17	1.37
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	66	343	\$ 21,561.71	\$ 62.86	3.330	\$ 326.69	\$ 209.34

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,077
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND	AID CODE 27	

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	7	\$ 398.31	\$ 56.90	7.000	\$ 199.16	\$ 398.31
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	1	6	\$	388.68	\$	64.78	6.000	\$ 388.68	\$ 388.68
PRESCRIPTION DRUGS	1	6		388.68		64.78	6.000	388.68	388.68
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	1	6		388.68		64.78	6.000	388.68	388.68
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND								
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01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1	1	\$ 9.63	\$ 9.63	1.000	\$ 9.63	\$ 9.63
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	9.63	9.63	1.000	9.63	9.63
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.63	9.63	1.000	9.63	9.63
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,079
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NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND						AID CODE 27

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 9.63	\$ 9.63	1.000	\$ 9.63	\$ 9.63
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	9.63	9.63	1.000	9.63	9.63
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.63	9.63	1.000	9.63	9.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV											
MOP024											
NEVADA COUNTY											

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - SOC - BLIND

AID CODE 27

PAGE 9,080
 01/29/04

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 9.63	\$ 9.63	1.000	\$ 9.63	\$ 9.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,081
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	291	3,223	\$ 334,271.43	\$ 103.71	15.131	\$ 1148.70	\$ 1569.35
@PHYSICIANS SERVICES	96	376	\$ 14,327.11	\$ 38.10	1.765	\$ 149.24	\$ 67.26
OUTPATIENT VISITS	39	82	2,791.51	34.04	.385	71.58	13.11
OFFICE VISITS	30	69	1,809.83	26.23	.324	60.33	8.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	10	888.16	88.82	.047	98.68	4.17
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	93.52	31.17	.014	46.76	.44
INPATIENT VISITS	14	40	1,842.94	46.07	.188	131.64	8.65
HOSPITAL VISITS	14	39	1,721.34	44.14	.183	122.95	8.08
CRITICAL CARE	1	1	121.60	121.60	.005	121.60	.57
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.005	46.44	.22
EXAMINATIONS	1	1	46.44	46.44	.005	46.44	.22
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	11	1,074.49	97.68	.052	153.50	5.04
PRINCIPAL SURGEON	6	7	955.12	136.45	.033	159.19	4.48

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		119.37	29.84	.019	119.37	.56
OUTPATIENT SURGERY	11	15		2,265.79	151.05	.070	205.98	10.64
PRINCIPAL SURGEON	10	10		2,069.23	206.92	.047	206.92	9.71
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	5		196.56	39.31	.023	98.28	.92
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	12	43		384.40	8.94	.202	32.03	1.80
RADIOLOGY	29	61		2,709.27	44.41	.286	93.42	12.72
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	13		81.63	6.28	.061	13.61	.38
OTHER SERVICES/ALL X-OVERS	45	110		3,130.64	28.46	.516	69.57	14.70
@PHARMACY	197	1,661	\$	169,861.21	\$ 102.26	7.798	\$ 862.24	\$ 797.47
PRESCRIPTION DRUGS	194	985		168,580.53	171.15	4.624	868.97	791.46
SNF/ICF	8	60		5,056.27	84.27	.282	632.03	23.74
OUTPATIENTS	187	925		163,524.26	176.78	4.343	874.46	767.72
MEDICAL SUPPLIES	7	676		1,280.68	1.89	3.174	182.95	6.01
@DENTIST	30	132	\$	9,846.24	\$ 74.59	.620	\$ 328.21	\$ 46.23
VISITS - DIAGNOSTIC	14	39		433.00	11.10	.183	30.93	2.03
ORAL SURGERY	6	44		2,598.00	59.05	.207	433.00	12.20
DRUGS	1	2		30.00	15.00	.009	30.00	.14
ANESTHESIA	1	1		100.00	100.00	.005	100.00	.47
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	4	5		887.00	177.40	.023	221.75	4.16
RESTORATIVE DENTISTRY	12	37		4,758.24	128.60	.174	396.52	22.34
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	4		1,040.00	260.00	.019	520.00	4.88
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,082
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y							

213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	6	\$ 95.96	\$ 15.99	.028	\$ 47.98	\$.45
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	6	95.96	15.99	.028	47.98	.45
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	3	\$ 5.75	\$ 1.92	.014	\$ 2.88	\$.03
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	3	5.75	1.92	.014	2.88	.03
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	76	623	\$ 99,265.15	\$ 159.33	2.925	\$ 1306.12	\$ 466.03
HOSP INPATIENT TOTAL	13	58	83,066.57	1432.18	.272	6389.74	389.98
HSC HOSPITALS	1	5	4,177.00	835.40	.023	4177.00	19.61
NON-HSC HOSPITAL TOTAL	10	33	76,453.57	2316.77	.155	7645.36	358.94
ACCOMMODATIONS	10	33	15,049.22	456.04	.155	1504.92	70.65

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	33	15,049.22	456.04	.155	1504.92	70.65
ANCILLARIES	10	0	61,404.35	.00	.000	6140.44	288.28
INPATIENT CROSSOVERS	3	20	2,436.00	121.80	.094	812.00	11.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	67	565	16,198.58	28.67	2.653	241.77	76.05
MEDICAL	15	21	1,285.89	61.23	.099	85.73	6.04
SURGERY	4	7	165.89	23.70	.033	41.47	.78
PATHOLOGY	26	97	1,291.42	13.31	.455	49.67	6.06
RADIOLOGY	26	89	6,532.69	73.40	.418	251.26	30.67
ROOM USE	22	34	1,615.17	47.51	.160	73.42	7.58
CROSSOVERS/ALL OTH OUTPTNT	38	317	5,307.52	16.74	1.488	139.67	24.92
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,083
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y						
					----- MONTHLY AVERAGE -----		
213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	76	623	\$ 99,265.15	\$ 159.33	2.925	\$ 1306.12	\$ 466.03
COMM HOSP INPATIENT TOTAL	13	58	83,066.57	1432.18	.272	6389.74	389.98
HSC HOSPITALS	1	5	4,177.00	835.40	.023	4177.00	19.61
NON-HSC HOSPITALS TOTAL	10	33	76,453.57	2316.77	.155	7645.36	358.94
ACCOMMODATIONS	10	33	15,049.22	456.04	.155	1504.92	70.65
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	33	15,049.22	456.04	.155	1504.92	70.65
ANCILLARIES	10	0	61,404.35	.00	.000	6140.44	288.28
INPATIENT CROSSOVERS	3	20	2,436.00	121.80	.094	812.00	11.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	67	565	16,198.58	28.67	2.653	241.77	76.05
MEDICAL	15	21	1,285.89	61.23	.099	85.73	6.04
SURGERY	4	7	165.89	23.70	.033	41.47	.78
PATHOLOGY	26	97	1,291.42	13.31	.455	49.67	6.06
RADIOLOGY	26	89	6,532.69	73.40	.418	251.26	30.67
ROOM USE	22	34	1,615.17	47.51	.160	73.42	7.58
CROSSOVERS/ALL OTH OUTPTNT	38	317	5,307.52	16.74	1.488	139.67	24.92
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	7	205	\$ 23,201.76	\$ 113.18	.962	\$ 3314.54	\$ 108.93
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	7	205	23,201.76	113.18	.962	3314.54	108.93
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	11	\$ 225.04	\$ 20.46	.052	\$ 37.51	\$ 1.06
PATHOLOGY	6	11	225.04	20.46	.052	37.51	1.06
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	22	46	\$ 4,007.64	\$ 87.12	.216	\$ 182.17	\$ 18.82
CLINIC	3	3	77.98	25.99	.014	25.99	.37
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	19	43	3,929.66	91.39	.202	206.82	18.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y						

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213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	32	160	\$ 13,435.57	\$ 83.97	.751	\$ 419.86	\$ 63.08
DURABLE MED. EQUIP.	4	8	1,014.58	126.82	.038	253.65	4.76
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	90	5,850.02	65.00	.423	531.82	27.46
AMBULANCES/AIR TRANS	11	88	2,250.02	25.57	.413	204.55	10.56
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.009	1800.00	16.90
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	12	47	6,023.40	128.16	.221	501.95	28.28
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	55.20	9.20	.028	18.40	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	4	427.45	106.86	.019	427.45	2.01
PROSTHETICS	1	4	427.45	106.86	.019	427.45	2.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	5	64.92	12.98	.023	32.46	.30
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	54	486	\$ 12,074.60	\$ 24.84	2.282	\$ 223.60	\$ 56.69

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,085
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

132 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	228	1,868	\$ 204,052.77	\$ 109.24	14.152	\$ 894.97	\$ 1545.85
@PHYSICIANS SERVICES	132	522	\$ 21,380.72	\$ 40.96	3.955	\$ 161.98	\$ 161.98
OUTPATIENT VISITS	60	83	3,622.94	43.65	.629	60.38	27.45
OFFICE VISITS	27	37	1,230.44	33.26	.280	45.57	9.32
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	33	44	2,307.38	52.44	.333	69.92	17.48
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	2	2	85.12	42.56	.015	42.56	.64
INPATIENT VISITS	13	50	2,618.64	52.37	.379	201.43	19.84
HOSPITAL VISITS	13	44	2,202.54	50.06	.333	169.43	16.69
CRITICAL CARE	1	6	416.10	69.35	.045	416.10	3.15
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	19	136	5,376.66	39.53	1.030	282.98	40.73
PRINCIPAL SURGEON	9	10	2,215.21	221.52	.076	246.13	16.78
ASSISTANT SURGEON	2	2	536.67	268.34	.015	268.34	4.07
ANESTHESIOLOGIST	11	124	2,624.78	21.17	.939	238.62	19.88
OUTPATIENT SURGERY	13	24	2,420.24	100.84	.182	186.17	18.34
PRINCIPAL SURGEON	12	12	2,138.22	178.19	.091	178.19	16.20
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	12	282.02	23.50	.091	141.01	2.14
DIALYSIS	2	14	315.86	22.56	.106	157.93	2.39
PATHOLOGY	14	24	901.77	37.57	.182	64.41	6.83
RADIOLOGY	46	121	3,107.56	25.68	.917	67.56	23.54
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	14	115.95	8.28	.106	28.99	.88
OTHER SERVICES/ALL X-OVERS	31	56	2,901.10	51.81	.424	93.58	21.98
@PHARMACY	35	113	\$ 23,038.11	\$ 203.88	.856	\$ 658.23	\$ 174.53
PRESCRIPTION DRUGS	35	112	23,035.60	205.68	.848	658.16	174.51
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	35	112	23,035.60	205.68	.848	658.16	174.51
MEDICAL SUPPLIES	1	1	2.51	2.51	.008	2.51	.02
@DENTIST	11	52	\$ 1,891.00	\$ 36.37	.394	\$ 171.91	\$ 14.33
VISITS - DIAGNOSTIC	8	27	345.00	12.78	.205	43.13	2.61
ORAL SURGERY	2	7	1,030.00	147.14	.053	515.00	7.80
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.015	100.00	1.52
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	16	316.00	19.75	.121	45.14	2.39
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 9,086 01/29/04

132 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 66.00	\$ 33.00	.015	\$ 33.00	\$.50
MEDICINE/INJECTIONS	1	1	51.00	51.00	.008	51.00	.39
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	15.00	15.00	.008	15.00	.11

@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	2	\$	48.00	\$	24.00	.015	\$	24.00	\$	.36
@TOTAL HOSPITAL	108	994	\$	147,181.98	\$	148.07	7.530	\$	1362.80	\$	1115.02
HOSP INPATIENT TOTAL	14	46		126,815.32		2756.85	.348		9058.24		960.72
HSC HOSPITALS	1	3		2,072.00		690.67	.023		2072.00		15.70
NON-HSC HOSPITAL TOTAL	13	43		124,743.32		2901.01	.326		9595.64		945.03
ACCOMMODATIONS	13	43		19,756.58		459.46	.326		1519.74		149.67
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	43		19,756.58		459.46	.326		1519.74		149.67
ANCILLARIES	13	0		104,986.74		.00	.000		8075.90		795.35
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	99	948		20,366.66		21.48	7.182		205.72		154.29
MEDICAL	15	17		3,255.49		191.50	.129		217.03		24.66
SURGERY	21	21		524.73		24.99	.159		24.99		3.98
PATHOLOGY	45	175		1,765.32		10.09	1.326		39.23		13.37
RADIOLOGY	41	60		4,217.10		70.29	.455		102.86		31.95
ROOM USE	61	90		2,745.01		30.50	.682		45.00		20.80
CROSSOVERS/ALL OTH OUTPTNT	45	585		7,859.01		13.43	4.432		174.64		59.54
@COUNTY HOSPITAL TOTAL	1	2	\$	63.15	\$	31.58	.015	\$	63.15	\$	.48
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		63.15		31.58	.015		63.15		.48
MEDICAL	1	1		28.22		28.22	.008		28.22		.21
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		34.93		34.93	.008		34.93		.26
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,087
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

132 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	107	992	\$ 147,118.83	\$ 148.31	7.515	\$ 1374.94	\$ 1114.54
COMM HOSP INPATIENT TOTAL	14	46	126,815.32	2756.85	.348	9058.24	960.72
HSC HOSPITALS	1	3	2,072.00	690.67	.023	2072.00	15.70
NON-HSC HOSPITALS TOTAL	13	43	124,743.32	2901.01	.326	9595.64	945.03
ACCOMMODATIONS	13	43	19,756.58	459.46	.326	1519.74	149.67
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	43	19,756.58	459.46	.326	1519.74	149.67
ANCILLARIES	13	0	104,986.74	.00	.000	8075.90	795.35
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	98	946	20,303.51	21.46	7.167	207.18	153.81
MEDICAL	14	16	3,227.27	201.70	.121	230.52	24.45

SURGERY	21	21		524.73	24.99	.159	24.99	3.98
PATHOLOGY	45	175		1,765.32	10.09	1.326	39.23	13.37
RADIOLOGY	41	60		4,217.10	70.29	.455	102.86	31.95
ROOM USE	60	89		2,710.08	30.45	.674	45.17	20.53
CROSSOVERS/ALL OTH OUTPTNT	45	585		7,859.01	13.43	4.432	174.64	59.54
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	42	\$	393.52	\$ 9.37	.318	\$ 196.76	\$ 2.98
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	42		393.52	9.37	.318	196.76	2.98
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	11	\$	179.66	\$ 16.33	.083	\$ 59.89	\$ 1.36
PATHOLOGY	3	11		179.66	16.33	.083	59.89	1.36
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	6	\$	891.39	\$ 148.57	.045	\$ 148.57	\$ 6.75
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	1		.00	.00	.008	.00	.00
RURAL HEALTH CLINIC	5	5		891.39	178.28	.038	178.28	6.75
#CALIF DEPT OF HEALTH SERV								
MOP024								
NEVADA COUNTY								

PAGE 9,088
01/29/04

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	132 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	16		124	\$ 8,982.39	\$ 72.44	.939	\$ 561.40	\$ 68.05
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10		100	7,611.45	76.11	.758	761.15	57.66
AMBULANCES/AIR TRANS	10		97	2,211.45	22.80	.735	221.15	16.75
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	3		3	5,400.00	1800.00	.023	1800.00	40.91
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	1		2	21.99	11.00	.015	21.99	.17
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2		2	1,069.17	534.59	.015	534.59	8.10
PROSTHETICS	2		2	1,069.17	534.59	.015	534.59	8.10
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	130.98	.00	.000	.00	.99
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	20	148.80	7.44	.152	49.60	1.13
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	6	13.69	\$ 2.28	.045	\$ 13.69	\$.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,089
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

449 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	671	7,435	\$ 706,911.68	\$ 95.08	16.559	\$ 1053.52	\$ 1574.41
@PHYSICIANS SERVICES	250	1,114	\$ 37,618.55	\$ 33.77	2.481	\$ 150.47	\$ 83.78
OUTPATIENT VISITS	101	167	6,456.55	38.66	.372	63.93	14.38
OFFICE VISITS	59	108	3,082.37	28.54	.241	52.24	6.86
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	42	54	3,195.54	59.18	.120	76.08	7.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	5	178.64	35.73	.011	44.66	.40
INPATIENT VISITS	27	90	4,461.58	49.57	.200	165.24	9.94
HOSPITAL VISITS	27	83	3,923.88	47.28	.185	145.33	8.74
CRITICAL CARE	2	7	537.70	76.81	.016	268.85	1.20
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.002	46.44	.10
EXAMINATIONS	1	1	46.44	46.44	.002	46.44	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	26	147	6,451.15	43.89	.327	248.12	14.37
PRINCIPAL SURGEON	15	17	3,170.33	186.49	.038	211.36	7.06
ASSISTANT SURGEON	2	2	536.67	268.34	.004	268.34	1.20
ANESTHESIOLOGIST	12	128	2,744.15	21.44	.285	228.68	6.11
OUTPATIENT SURGERY	24	39	4,686.03	120.15	.087	195.25	10.44
PRINCIPAL SURGEON	22	22	4,207.45	191.25	.049	191.25	9.37
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	17	478.58	28.15	.038	119.65	1.07
DIALYSIS	2	14	315.86	22.56	.031	157.93	.70
PATHOLOGY	26	67	1,286.17	19.20	.149	49.47	2.86
RADIOLOGY	77	186	5,923.41	31.85	.414	76.93	13.19
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	27	197.58	7.32	.060	19.76	.44
OTHER SERVICES/ALL X-OVERS	95	376	7,793.78	20.73	.837	82.04	17.36
@PHARMACY	301	2,394	\$ 218,457.94	\$ 91.25	5.332	\$ 725.77	\$ 486.54
PRESCRIPTION DRUGS	295	1,462	216,265.72	147.92	3.256	733.10	481.66
SNF/ICF	50	320	18,340.25	57.31	.713	366.81	40.85
OUTPATIENTS	250	1,142	197,925.47	173.31	2.543	791.70	440.81
MEDICAL SUPPLIES	17	932	2,192.22	2.35	2.076	128.95	4.88
@DENTIST	50	207	\$ 13,172.24	\$ 63.63	.461	\$ 263.44	\$ 29.34
VISITS - DIAGNOSTIC	29	79	863.00	10.92	.176	29.76	1.92
ORAL SURGERY	9	52	3,628.00	69.77	.116	403.11	8.08
DRUGS	1	2	30.00	15.00	.004	30.00	.07
ANESTHESIA	3	3	300.00	100.00	.007	100.00	.67
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	4	5	887.00	177.40	.011	221.75	1.98

RESTORATIVE DENTISTRY	20	58	5,074.24	87.49	.129	253.71	11.30
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	8	2,390.00	298.75	.018	597.50	5.32
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

	449 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER	----- PER ELIG USER	COST PER ELIGIBLE
@OPTOMETRIST	3		9 \$	149.07	\$ 16.56	.020 \$	49.69 \$	.33
DIAGNOSTIC AND ANC. PROCED	0		0	.00	.00	.000 .00		.00

EYE APPLIANCES	3	9		149.07	16.56	.020	49.69	.33
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	12	17	\$	210.27	12.37	.038	17.52	.47
MEDICINE/INJECTIONS	1	1		51.00	51.00	.002	51.00	.11
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	11	16		159.27	9.95	.036	14.48	.35
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	2	\$	48.00	24.00	.004	24.00	.11
@TOTAL HOSPITAL	220	1,813	\$	256,085.14	141.25	4.038	1164.02	570.35
HOSP INPATIENT TOTAL	39	156		215,847.72	1383.64	.347	5534.56	480.73
HSC HOSPITALS	2	8		6,249.00	781.13	.018	3124.50	13.92
NON-HSC HOSPITAL TOTAL	23	76		201,196.89	2647.33	.169	8747.69	448.10
ACCOMMODATIONS	23	76		34,805.80	457.97	.169	1513.30	77.52
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	76		34,805.80	457.97	.169	1513.30	77.52
ANCILLARIES	23	0		166,391.09	.00	.000	7234.40	370.58
INPATIENT CROSSOVERS	15	72		8,401.83	116.69	.160	560.12	18.71
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	190	1,657		40,237.42	24.28	3.690	211.78	89.62
MEDICAL	33	45		5,014.77	111.44	.100	151.96	11.17
SURGERY	25	28		690.62	24.67	.062	27.62	1.54
PATHOLOGY	75	292		3,339.99	11.44	.650	44.53	7.44
RADIOLOGY	70	154		11,111.69	72.15	.343	158.74	24.75
ROOM USE	86	128		4,467.99	34.91	.285	51.95	9.95
CROSSOVERS/ALL OTH OUTPTNT	102	1,010		15,612.36	15.46	2.249	153.06	34.77
@COUNTY HOSPITAL TOTAL	1	2	\$	63.15	31.58	.004	63.15	.14
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2		63.15	31.58	.004	63.15	.14
MEDICAL	1	1		28.22	28.22	.002	28.22	.06
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		34.93	34.93	.002	34.93	.08
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

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	449 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	219		1,811	\$ 256,021.99	\$ 141.37	4.033	\$ 1169.05	\$ 570.20
COMM HOSP INPATIENT TOTAL	39		156	215,847.72	1383.64	.347	5534.56	480.73
HSC HOSPITALS	2		8	6,249.00	781.13	.018	3124.50	13.92

NON-HSC HOSPITALS TOTAL	23	76		201,196.89	2647.33	.169	8747.69	448.10
ACCOMMODATIONS	23	76		34,805.80	457.97	.169	1513.30	77.52
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	76		34,805.80	457.97	.169	1513.30	77.52
ANCILLARIES	23	0		166,391.09	.00	.000	7234.40	370.58
INPATIENT CROSSOVERS	15	72		8,401.83	116.69	.160	560.12	18.71
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	189	1,655		40,174.27	24.27	3.686	212.56	89.47
MEDICAL	32	44		4,986.55	113.33	.098	155.83	11.11
SURGERY	25	28		690.62	24.67	.062	27.62	1.54
PATHOLOGY	75	292		3,339.99	11.44	.650	44.53	7.44
RADIOLOGY	70	154		11,111.69	72.15	.343	158.74	24.75
ROOM USE	85	127		4,433.06	34.91	.283	52.15	9.87
CROSSOVERS/ALL OTH OUTPTNT	102	1,010		15,612.36	15.46	2.249	153.06	34.77
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	49	1,430	\$	152,220.57	\$ 106.45	3.185	\$ 3106.54	\$ 339.02
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	49	1,430		152,220.57	106.45	3.185	3106.54	339.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	42	\$	393.52	\$ 9.37	.094	\$ 196.76	\$.88
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	42		393.52	9.37	.094	196.76	.88
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	22	\$	404.70	\$ 18.40	.049	\$ 44.97	\$.90
PATHOLOGY	9	22		404.70	18.40	.049	44.97	.90
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	30	57	\$	5,449.99	\$ 95.61	.127	\$ 181.67	\$ 12.14
CLINIC	3	3		77.98	25.99	.007	25.99	.17
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	1		.00	.00	.002	.00	.00
RURAL HEALTH CLINIC	26	53		5,372.01	101.36	.118	206.62	11.96

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,092
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

449 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	56	328	\$ 22,701.69	\$ 69.21	.731	\$ 405.39	\$ 50.56
DURABLE MED. EQUIP.	4	8	1,014.58	126.82	.018	253.65	2.26
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	24	221	13,567.17	61.39	.492	565.30	30.22
AMBULANCES/AIR TRANS	21	185	4,461.47	24.12	.412	212.45	9.94
OTHER TRANS	3	31	105.70	3.41	.069	35.23	.24
OTHER SERVICES	5	5	9,000.00	1800.00	.011	1800.00	20.04
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	12	47	6,023.40	128.16	.105	501.95	13.42
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	113.21	11.32	.022	22.64	.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.50	.50	.002	.50	.00
PROSTHETIST/ORTHOTISTS	3	6	1,496.62	249.44	.013	498.87	3.33
PROSTHETICS	3	6	1,496.62	249.44	.013	498.87	3.33
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	130.98	.00	.000	.00	.29
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	20	148.80	7.44	.045	49.60	.33
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	15	206.43	13.76	.033	41.29	.46
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	122	836	\$ 33,659.63	\$ 40.26	1.862	\$ 275.90	\$ 74.97

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,093
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13	

2,972 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,992	111,529	\$ 9,297,861.15	\$ 83.37	37.527	\$ 3107.57	\$ 3128.49
@PHYSICIANS SERVICES	226	475	\$ 7,183.53	\$ 15.12	.160	\$ 31.79	\$ 2.42
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	9	9	247.50	27.50	.003	27.50	.08
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	9	9	247.50	27.50	.003	27.50	.08
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	3	35.75	11.92	.001	11.92	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	5.45	5.45	.000	5.45	.00
OTHER SERVICES/ALL X-OVERS	214	462	6,894.83	14.92	.155	32.22	2.32
@PHARMACY	2,409	23,871	\$ 869,834.98	\$ 36.44	8.032	\$ 361.08	\$ 292.68
PRESCRIPTION DRUGS	2,403	18,156	860,990.47	47.42	6.109	358.30	289.70

SNF/ICF	2,280	17,069	840,902.56	49.26	5.743	368.82	282.94
OUTPATIENTS	195	1,087	20,087.91	18.48	.366	103.01	6.76
MEDICAL SUPPLIES	121	5,715	8,844.51	1.55	1.923	73.10	2.98
@DENTIST	106	252	\$ 15,384.00	\$ 61.05	.085	\$ 145.13	\$ 5.18
VISITS - DIAGNOSTIC	84	129	2,928.00	22.70	.043	34.86	.99
ORAL SURGERY	17	71	2,299.00	32.38	.024	135.24	.77
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	475.00	237.50	.001	237.50	.16
RESTORATIVE DENTISTRY	10	16	1,199.00	74.94	.005	119.90	.40
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	13	34	8,483.00	249.50	.011	652.54	2.85
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,094
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

2,972 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.001 \$ 53.11 \$.02
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	1	3	53.11	17.70	.001 53.11 .02
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	220	227	\$ 2,176.36	\$ 9.59	.076 \$ 9.89 \$.73
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	220	227	2,176.36	9.59	.076 9.89 .73
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	1	24	\$ 48.29	\$ 2.01	.008 \$ 48.29 \$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	109	489	\$ 47,466.62	\$ 97.07	.165 \$ 435.47 \$ 15.97
HOSP INPATIENT TOTAL	43	128	38,504.50	300.82	.043 895.45 12.96
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	43	128	38,504.50	300.82	.043 895.45 12.96
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
HOSP OUTPATIENT TOTAL	70	361	8,962.12	24.83	.121 128.03 3.02
MEDICAL	1	1	8.05	8.05	.000 8.05 .00
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	6	17	211.55	12.44	.006 35.26 .07
RADIOLOGY	1	1	25.06	25.06	.000 25.06 .01
ROOM USE	0	0	.00	.00	.000 .00 .00
CROSSOVERS/ALL OTH OUTPTNT	64	342	8,717.46	25.49	.115 136.21 2.93
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

2,972 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	109	489	\$ 47,466.62	\$ 97.07	.165		\$ 435.47	\$ 15.97
COMM HOSP INPATIENT TOTAL	43	128	38,504.50	300.82	.043		895.45	12.96
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	43	128	38,504.50	300.82	.043		895.45	12.96
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	70	361	8,962.12	24.83	.121		128.03	3.02
MEDICAL	1	1	8.05	8.05	.000		8.05	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	6	17	211.55	12.44	.006		35.26	.07
RADIOLOGY	1	1	25.06	25.06	.000		25.06	.01
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	64	342	8,717.46	25.49	.115		136.21	2.93
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	2,537	79,407	\$ 8,127,745.12	\$ 102.36	26.718		\$ 3203.68	\$ 2734.77
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	2,537	79,407	8,127,745.12	102.36	26.718		3203.68	2734.77
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000		\$.00	\$.00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	9	12	\$ 4,364.38	\$ 363.70	.004		\$ 484.93	\$ 1.47
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	9	12	4,364.38	363.70	.004		484.93	1.47
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	2	6	\$ 1.26	\$.21	.002		\$.63	\$.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
XO AND OTHERS	2	6	1.26	.21	.002		.63	.00
@ORGANIZED OUTPATIENT CLINIC	3	4	\$ 850.81	\$ 212.70	.001		\$ 283.60	\$.29
CLINIC	0	0	.00	.00	.000		.00	.00
SURGICENTER	0	0	.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	3	4	850.81	212.70	.001		283.60	.29

2,972 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	207	6,759	\$ 222,752.69	\$ 32.96	2.274		\$ 1076.10	\$ 74.95

DURABLE MED. EQUIP.	16	167	14,678.19	87.89	.056	917.39	4.94
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	17	19	6,577.46	346.18	.006	386.91	2.21
MEDICAL TRANSPORTATION	33	655	2,079.85	3.18	.220	63.03	.70
AMBULANCES/AIR TRANS	2	11	148.99	13.54	.004	74.50	.05
OTHER TRANS	29	624	1,853.74	2.97	.210	63.92	.62
OTHER SERVICES	3	20	77.12	3.86	.007	25.71	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	12	217	14,964.53	68.96	.073	1247.04	5.04
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	29	338.61	11.68	.010	26.05	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	48	92	154.84	1.68	.031	3.23	.05
PROSTHETIST/ORTHOTISTS	1	2	105.98	52.99	.001	105.98	.04
PROSTHETICS	1	2	105.98	52.99	.001	105.98	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	12.01	12.01	.000	12.01	.00
SPEECH AND AUDIOLOGY	1	1	33.03	33.03	.000	33.03	.01
HOSPICE SERVICES	48	1,637	181,584.11	110.92	.551	3783.00	61.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23	3,939	2,224.08	.56	1.325	96.70	.75
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	821	7,819	\$ 163,870.64	\$ 20.96	2.631	\$ 199.60	\$ 55.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,097
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	35	1,805	\$ 113,800.67	\$ 63.05	53.088	\$ 3251.45	\$ 3347.08
@PHYSICIANS SERVICES	1	5	\$ 6.13	\$ 1.23	.147	\$ 6.13	\$.18
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	5		6.13		1.23	.147	6.13	.18
@PHARMACY	34	981	\$	9,508.22	\$	9.69	28.853	\$ 279.65	\$ 279.65
PRESCRIPTION DRUGS	34	243		8,960.72		36.88	7.147	263.55	263.55
SNF/ICF	25	183		5,909.10		32.29	5.382	236.36	173.80
OUTPATIENTS	9	60		3,051.62		50.86	1.765	339.07	89.75
MEDICAL SUPPLIES	2	738		547.50		.74	21.706	273.75	16.10
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

AID CODE 23

PAGE 9,098 01/29/04

34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 5.82	\$ 5.82	.029	\$ 5.82	\$.17
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	5.82	5.82	.029	5.82	.17
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	0	\$ 412.25	\$.00	.000	\$ 412.25	\$ 12.13
HOSP INPATIENT TOTAL	1	0	412.25	.00	.000	412.25	12.13
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	1	0	412.25	.00	.000	412.25	12.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,099
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	0	\$ 412.25	\$.00	.000	\$ 412.25	\$ 12.13
COMM HOSP INPATIENT TOTAL	1	0	412.25	.00	.000	412.25	12.13
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	412.25	.00	.000	412.25	12.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	14	405	\$ 38,767.63	\$ 95.72	11.912	\$ 2769.12	\$ 1140.22
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	14	405		38,767.63		95.72	11.912	2769.12	1140.22
@INTERMEDIATE CARE FACIL.-DD	12	377	\$	64,665.98	\$	171.53	11.088	\$ 5388.83	\$ 1901.94
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	12	377		64,665.98		171.53	11.088	5388.83	1901.94
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,100
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	36	\$ 434.64	\$ 12.07	1.059	\$ 72.44	\$ 12.78
DURABLE MED. EQUIP.	2	9	79.50	8.83	.265	39.75	2.34
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	20	88.68	4.43	.588	29.56	2.61
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	20	88.68	4.43	.588	29.56	2.61
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	2.26	.75	.088	2.26	.07
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	264.20	66.05	.118	132.10	7.77
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	4	29	\$ 515.14	\$ 17.76	.853	\$ 128.79	\$ 15.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,101
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

246 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	270	14,487	\$ 932,988.21	\$ 64.40	58.890	\$ 3455.51	\$ 3792.64
@PHYSICIANS SERVICES	70	200	\$ 4,816.80	\$ 24.08	.813	\$ 68.81	\$ 19.58
OUTPATIENT VISITS	1	1	108.08	108.08	.004	108.08	.44
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.004	108.08	.44
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	32	51	1,722.39	33.77	.207	53.82	7.00
HOSPITAL VISITS	2	15	647.45	43.16	.061	323.73	2.63
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	30	36		1,074.94		29.86	.146	35.83	4.37
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	22		824.07		37.46	.089	274.69	3.35
PRINCIPAL SURGEON	1	2		481.38		240.69	.008	481.38	1.96
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	3	20		342.69		17.13	.081	114.23	1.39
OUTPATIENT SURGERY	2	2		392.03		196.02	.008	196.02	1.59
PRINCIPAL SURGEON	2	2		392.03		196.02	.008	196.02	1.59
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	6	12		730.18		60.85	.049	121.70	2.97
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	36	112		1,040.05		9.29	.455	28.89	4.23
@PHARMACY	222	6,878	\$	118,092.00	\$	17.17	27.959	\$ 531.95	\$ 480.05
PRESCRIPTION DRUGS	220	1,595		114,338.89		71.69	6.484	519.72	464.79
SNF/ICF	202	1,407		104,694.48		74.41	5.720	518.29	425.59
OUTPATIENTS	23	188		9,644.41		51.30	.764	419.32	39.20
MEDICAL SUPPLIES	32	5,283		3,753.11		.71	21.476	117.28	15.26
@DENTIST	19	50	\$	1,702.00	\$	34.04	.203	\$ 89.58	\$ 6.92
VISITS - DIAGNOSTIC	16	34		638.00		18.76	.138	39.88	2.59
ORAL SURGERY	6	13		384.00		29.54	.053	64.00	1.56
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		200.00		200.00	.004	200.00	.81
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	1	1		30.00		30.00	.004	30.00	.12
DENTURES, STAYPLATES	1	1		450.00		450.00	.004	450.00	1.83
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63								

PAGE 9,102
01/29/04

246 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 21.31	\$ 21.31	.004	\$ 21.31	\$.09
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	1	21.31	21.31	.004	21.31	.09
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	19	19	\$ 152.38	\$ 8.02	.077	\$ 8.02	\$.62
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	19	19	152.38	8.02	.077	8.02	.62
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.008	\$ 104.99	\$.43
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	36	318	\$	8,768.26	\$	27.57	1.293	\$	243.56	\$	35.64
HOSP INPATIENT TOTAL	6	123		4,564.00		37.11	.500		760.67		18.55
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	6	123		4,564.00		37.11	.500		760.67		18.55
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	33	195		4,204.26		21.56	.793		127.40		17.09
MEDICAL	1	1		7.79		7.79	.004		7.79		.03
SURGERY	2	2		28.31		14.16	.008		14.16		.12
PATHOLOGY	14	72		671.26		9.32	.293		47.95		2.73
RADIOLOGY	3	3		268.53		89.51	.012		89.51		1.09
ROOM USE	4	6		406.10		67.68	.024		101.53		1.65
CROSSOVERS/ALL OTH OUTPTNT	20	111		2,822.27		25.43	.451		141.11		11.47
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,103
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

246 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	318	\$ 8,768.26	\$ 27.57	1.293	\$ 243.56	\$ 35.64
COMM HOSP INPATIENT TOTAL	6	123	4,564.00	37.11	.500	760.67	18.55
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	123	4,564.00	37.11	.500	760.67	18.55
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	33	195	4,204.26	21.56	.793	127.40	17.09
MEDICAL	1	1	7.79	7.79	.004	7.79	.03
SURGERY	2	2	28.31	14.16	.008	14.16	.12
PATHOLOGY	14	72	671.26	9.32	.293	47.95	2.73
RADIOLOGY	3	3	268.53	89.51	.012	89.51	1.09
ROOM USE	4	6	406.10	67.68	.024	101.53	1.65

CROSSOVERS/ALL OTH OUTPTNT	20	111		2,822.27	25.43	.451	141.11	11.47
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	209	6,485	\$	729,239.94	\$ 112.45	26.362	\$ 3489.19	\$ 2964.39
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	209	6,485		729,239.94	112.45	26.362	3489.19	2964.39
@INTERMEDIATE CARE FACIL.-DD	12	383	\$	62,740.57	\$ 163.81	1.557	\$ 5228.38	\$ 255.04
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	12	383		62,740.57	163.81	1.557	5228.38	255.04
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	47	\$	313.19	\$ 6.66	.191	\$ 44.74	\$ 1.27
PATHOLOGY	7	47		313.19	6.66	.191	44.74	1.27
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
NEVADA COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

PAGE 9,104
 01/29/04

246 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	27	104	\$ 7,036.77	\$ 67.66	.423	\$ 260.62	\$ 28.60
DURABLE MED. EQUIP.	5	31	5,686.36	183.43	.126	1137.27	23.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	38	444.25	11.69	.154	88.85	1.81
AMBULANCES/AIR TRANS	4	18	393.26	21.85	.073	98.32	1.60
OTHER TRANS	1	20	50.99	2.55	.081	50.99	.21
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	9	74.88	8.32	.037	14.98	.30
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3	5.40	1.80	.012	2.70	.02
PROSTHETIST/ORTHOTISTS	2	7	136.82	19.55	.028	68.41	.56
PROSTHETICS	2	7	136.82	19.55	.028	68.41	.56
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	14	641.92	45.85	.057	106.99	2.61
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	47.14	23.57	.008	23.57	.19
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	86	3,913	\$ 23,735.46	\$ 6.07	15.907	\$ 275.99	\$ 96.49

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,105
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MN - LONG TERM CARE - FAMILIES	DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00	

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 9,106 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,107
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0 \$	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
NEVADA COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 9,108
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,109
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL		

	3,252 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,297	127,821	\$ 10,344,650.03	\$ 80.93	39.305	\$ 3137.59	\$ 3181.01	
@PHYSICIANS SERVICES	297	680	\$ 12,006.46	\$ 17.66	.209	\$ 40.43	\$ 3.69	
OUTPATIENT VISITS	1	1	108.08	108.08	.000	108.08	.03	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1	108.08	108.08	.000	108.08	.03	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	41	60	1,969.89	32.83	.018	48.05	.61	
HOSPITAL VISITS	2	15	647.45	43.16	.005	323.73	.20	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	39	45	1,322.44	29.39	.014	33.91	.41	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	3	22	824.07	37.46	.007	274.69	.25	
PRINCIPAL SURGEON	1	2	481.38	240.69	.001	481.38	.15	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	3	20	342.69	17.13	.006	114.23	.11	
OUTPATIENT SURGERY	2	2	392.03	196.02	.001	196.02	.12	
PRINCIPAL SURGEON	2	2	392.03	196.02	.001	196.02	.12	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	9	15	765.93	51.06	.005	85.10	.24	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	1	1	5.45	5.45	.000	5.45	.00	
OTHER SERVICES/ALL X-OVERS	251	579	7,941.01	13.72	.178	31.64	2.44	
@PHARMACY	2,665	31,730	\$ 997,435.20	\$ 31.44	9.757	\$ 374.27	\$ 306.71	
PRESCRIPTION DRUGS	2,657	19,994	984,290.08	49.23	6.148	370.45	302.67	
SNF/ICF	2,507	18,659	951,506.14	50.99	5.738	379.54	292.59	
OUTPATIENTS	227	1,335	32,783.94	24.56	.411	144.42	10.08	
MEDICAL SUPPLIES	155	11,736	13,145.12	1.12	3.609	84.81	4.04	
@DENTIST	125	302	\$ 17,086.00	\$ 56.58	.093	\$ 136.69	\$ 5.25	

VISITS - DIAGNOSTIC	100	163	3,566.00	21.88	.050	35.66	1.10
ORAL SURGERY	23	84	2,683.00	31.94	.026	116.65	.83
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.06
ENDODONTICS	2	2	475.00	237.50	.001	237.50	.15
RESTORATIVE DENTISTRY	10	16	1,199.00	74.94	.005	119.90	.37
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	14	35	8,933.00	255.23	.011	638.07	2.75
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,110
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

3,252 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 74.42	\$ 18.61	.001	\$ 37.21	\$.02
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	4	74.42	18.61	.001	37.21	.02
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	240	247	\$ 2,334.56	\$ 9.45	.076	\$ 9.73	\$.72
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	240	247	2,334.56	9.45	.076	9.73	.72
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.001	\$ 104.99	\$.03
NURSE ANESTHESIST	1	24	\$ 48.29	\$ 2.01	.007	\$ 48.29	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	146	807	\$ 56,647.13	\$ 70.19	.248	\$ 387.99	\$ 17.42
HOSP INPATIENT TOTAL	50	251	43,480.75	173.23	.077	869.62	13.37
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	50	251	43,480.75	173.23	.077	869.62	13.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	103	556	13,166.38	23.68	.171	127.83	4.05
MEDICAL	2	2	15.84	7.92	.001	7.92	.00
SURGERY	2	2	28.31	14.16	.001	14.16	.01
PATHOLOGY	20	89	882.81	9.92	.027	44.14	.27
RADIOLOGY	4	4	293.59	73.40	.001	73.40	.09
ROOM USE	4	6	406.10	67.68	.002	101.53	.12
CROSSOVERS/ALL OTH OUTPTNT	84	453	11,539.73	25.47	.139	137.38	3.55
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

3,252 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	146	807	\$ 56,647.13	\$ 70.19	.248	\$ 387.99	\$ 17.42
COMM HOSP INPATIENT TOTAL	50	251	43,480.75	173.23	.077	869.62	13.37
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	50	251	43,480.75	173.23	.077	869.62	13.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	103	556	13,166.38	23.68	.171	127.83	4.05
MEDICAL	2	2	15.84	7.92	.001	7.92	.00
SURGERY	2	2	28.31	14.16	.001	14.16	.01
PATHOLOGY	20	89	882.81	9.92	.027	44.14	.27
RADIOLOGY	4	4	293.59	73.40	.001	73.40	.09
ROOM USE	4	6	406.10	67.68	.002	101.53	.12
CROSSOVERS/ALL OTH OUTPTNT	84	453	11,539.73	25.47	.139	137.38	3.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,760	86,297	\$ 8,895,752.69	\$ 103.08	26.537	\$ 3223.10	\$ 2735.47
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,760	86,297	8,895,752.69	103.08	26.537	3223.10	2735.47
@INTERMEDIATE CARE FACIL.-DD	24	760	\$ 127,406.55	\$ 167.64	.234	\$ 5308.61	\$ 39.18
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	24	760	127,406.55	167.64	.234	5308.61	39.18
@HEMODIALYSIS TOTAL	9	12	\$ 4,364.38	\$ 363.70	.004	\$ 484.93	\$ 1.34
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	12	4,364.38	363.70	.004	484.93	1.34
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	53	\$ 314.45	\$ 5.93	.016	\$ 34.94	\$.10
PATHOLOGY	7	47	313.19	6.66	.014	44.74	.10
XO AND OTHERS	2	6	1.26	.21	.002	.63	.00
@ORGANIZED OUTPATIENT CLINIC	3	4	\$ 850.81	\$ 212.70	.001	\$ 283.60	\$.26
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	4	850.81	212.70	.001	283.60	.26

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

3,252 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	240	6,899	\$ 230,224.10	\$ 33.37	2.121	\$ 959.27	\$ 70.79
DURABLE MED. EQUIP.	23	207	20,444.05	98.76	.064	888.87	6.29
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	17	19	6,577.46	346.18	.006	386.91	2.02
MEDICAL TRANSPORTATION	41	713	2,612.78	3.66	.219	63.73	.80

AMBULANCES/AIR TRANS	6	29	542.25	18.70	.009	90.38	.17
OTHER TRANS	30	644	1,904.73	2.96	.198	63.49	.59
OTHER SERVICES	6	40	165.80	4.15	.012	27.63	.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	12	217	14,964.53	68.96	.067	1247.04	4.60
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	38	413.49	10.88	.012	22.97	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	51	98	162.50	1.66	.030	3.19	.05
PROSTHETIST/ORTHOTISTS	3	9	242.80	26.98	.003	80.93	.07
PROSTHETICS	3	9	242.80	26.98	.003	80.93	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	12.01	12.01	.000	12.01	.00
SPEECH AND AUDIOLOGY	9	19	939.15	49.43	.006	104.35	.29
HOSPICE SERVICES	48	1,637	181,584.11	110.92	.503	3783.00	55.84
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	25	3,941	2,271.22	.58	1.212	90.85	.70
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	911	11,761	\$ 188,121.24	\$ 16.00	3.617	\$ 206.50	\$ 57.85

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,113
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

6,155 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,470	133,482	\$ 10,458,635.82	\$ 78.35	21.687	\$ 1912.00	\$ 1699.21
@PHYSICIANS SERVICES	659	2,334	\$ 39,306.70	\$ 16.84	.379	\$ 59.65	\$ 6.39
OUTPATIENT VISITS	16	23	1,088.88	47.34	.004	68.06	.18
OFFICE VISITS	10	10	288.10	28.81	.002	28.81	.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	13	800.78	61.60	.002	100.10	.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	16	31	1,820.40	58.72	.005	113.78	.30
HOSPITAL VISITS	6	14	660.90	47.21	.002	110.15	.11
CRITICAL CARE	4	8	912.00	114.00	.001	228.00	.15
SNF/ICF/TRANS IP CARE	9	9	247.50	27.50	.001	27.50	.04
OPHTHALMOLOGICAL SERVICES	2	2	115.58	57.79	.000	57.79	.02
EXAMINATIONS	2	2	115.58	57.79	.000	57.79	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	93	7,482.74	80.46	.015	748.27	1.22
PRINCIPAL SURGEON	8	13	5,118.76	393.75	.002	639.85	.83
ASSISTANT SURGEON	2	2	518.61	259.31	.000	259.31	.08
ANESTHESIOLOGIST	4	78	1,845.37	23.66	.013	461.34	.30
OUTPATIENT SURGERY	1	1	1,005.21	1005.21	.000	1005.21	.16
PRINCIPAL SURGEON	1	1	1,005.21	1005.21	.000	1005.21	.16
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	7	91.39	13.06	.001	22.85	.01

RADIOLOGY	17	40		769.46	19.24	.006	45.26	.13
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3		18.18	6.06	.000	6.06	.00
OTHER SERVICES/ALL X-OVERS	624	2,134		26,914.86	12.61	.347	43.13	4.37
@PHARMACY	4,489	36,648	\$	1,397,842.96	\$ 38.14	5.954	\$ 311.39	\$ 227.11
PRESCRIPTION DRUGS	4,457	26,681		1,382,539.44	51.82	4.335	310.20	224.62
SNF/ICF	2,420	17,925		878,602.63	49.02	2.912	363.06	142.75
OUTPATIENTS	2,125	8,756		503,936.81	57.55	1.423	237.15	81.87
MEDICAL SUPPLIES	207	9,967		15,303.52	1.54	1.619	73.93	2.49
@DENTIST	191	552	\$	31,782.80	\$ 57.58	.090	\$ 166.40	\$ 5.16
VISITS - DIAGNOSTIC	142	292		5,074.80	17.38	.047	35.74	.82
ORAL SURGERY	32	112		4,467.00	39.88	.018	139.59	.73
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	4	4		950.00	237.50	.001	237.50	.15
RESTORATIVE DENTISTRY	29	55		4,240.00	77.09	.009	146.21	.69
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	31	85		17,051.00	200.60	.014	550.03	2.77
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	4		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,114
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED							

6,155 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	38	99	\$	1,819.43	\$ 18.38	.016	\$ 47.88	\$.30
DIAGNOSTIC AND ANC. PROCED	2	2		94.90	47.45	.000	47.45	.02
EYE APPLIANCES	30	80		1,392.68	17.41	.013	46.42	.23
OTHER OPTOMETRIC SERVICES	10	17		331.85	19.52	.003	33.19	.05
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	270	292	\$	2,886.13	\$ 9.88	.047	\$ 10.69	\$.47
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	270	292		2,886.13	9.88	.047	10.69	.47
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	33	\$	71.36	\$ 2.16	.005	\$ 35.68	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	3	\$	54.30	\$ 18.10	.000	\$ 18.10	\$.01
@TOTAL HOSPITAL	416	1,969	\$	149,342.58	\$ 75.85	.320	\$ 359.00	\$ 24.26
HOSP INPATIENT TOTAL	127	413		114,843.83	278.07	.067	904.28	18.66
HSC HOSPITALS	1	6		7,236.00	1206.00	.001	7236.00	1.18
NON-HSC HOSPITAL TOTAL	3	4		10,625.31	2656.33	.001	3541.77	1.73
ACCOMMODATIONS	3	4		2,290.06	572.52	.001	763.35	.37
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	4		2,290.06	572.52	.001	763.35	.37
ANCILLARIES	3	0		8,335.25	.00	.000	2778.42	1.35
INPATIENT CROSSOVERS	123	403		96,982.52	240.65	.065	788.48	15.76
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	305	1,556		34,498.75	22.17	.253	113.11	5.60
MEDICAL	14	19		807.04	42.48	.003	57.65	.13

SURGERY	1	1		177.02	177.02	.000	177.02	.03
PATHOLOGY	30	132		1,443.28	10.93	.021	48.11	.23
RADIOLOGY	8	10		648.83	64.88	.002	81.10	.11
ROOM USE	16	25		943.68	37.75	.004	58.98	.15
CROSSOVERS/ALL OTH OUTPTNT	274	1,369		30,478.90	22.26	.222	111.24	4.95
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,115
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	6,155 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	416	1,969	\$	149,342.58	\$ 75.85	.320	\$ 359.00	\$ 24.26
COMM HOSP INPATIENT TOTAL	127	413		114,843.83	278.07	.067	904.28	18.66
HSC HOSPITALS	1	6		7,236.00	1206.00	.001	7236.00	1.18
NON-HSC HOSPITALS TOTAL	3	4		10,625.31	2656.33	.001	3541.77	1.73
ACCOMMODATIONS	3	4		2,290.06	572.52	.001	763.35	.37
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	4		2,290.06	572.52	.001	763.35	.37
ANCILLARIES	3	0		8,335.25	.00	.000	2778.42	1.35
INPATIENT CROSSOVERS	123	403		96,982.52	240.65	.065	788.48	15.76
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	305	1,556		34,498.75	22.17	.253	113.11	5.60
MEDICAL	14	19		807.04	42.48	.003	57.65	.13
SURGERY	1	1		177.02	177.02	.000	177.02	.03
PATHOLOGY	30	132		1,443.28	10.93	.021	48.11	.23
RADIOLOGY	8	10		648.83	64.88	.002	81.10	.11
ROOM USE	16	25		943.68	37.75	.004	58.98	.15
CROSSOVERS/ALL OTH OUTPTNT	274	1,369		30,478.90	22.26	.222	111.24	4.95
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2,666	82,685	\$	8,520,235.83	\$ 103.04	13.434	\$ 3195.89	\$ 1384.28
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2,666	82,685		8,520,235.83	103.04	13.434	3195.89	1384.28
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	17	\$	5,913.97	\$ 347.88	.003	\$ 591.40	\$.96
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	17		5,913.97	347.88	.003	591.40	.96
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	15	\$	115.75	\$ 7.72	.002	\$ 23.15	\$.02
PATHOLOGY	1	5		53.61	10.72	.001	53.61	.01
XO AND OTHERS	4	10		62.14	6.21	.002	15.54	.01
@ORGANIZED OUTPATIENT CLINIC	94	167	\$	18,632.53	\$ 111.57	.027	\$ 198.22	\$ 3.03
CLINIC	1	1		22.41	22.41	.000	22.41	.00
SURGICENTER	2	2		408.35	204.18	.000	204.18	.07
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	91	164		18,201.77	110.99	.027	200.02	2.96

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,116

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

01/29/04

6,155 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	517	8,668	\$ 290,631.48	\$ 33.53	1.408	\$ 562.15	\$ 47.22
DURABLE MED. EQUIP.	25	179	15,094.17	84.32	.029	603.77	2.45
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	30	37	12,453.99	336.59	.006	415.13	2.02
MEDICAL TRANSPORTATION	51	746	3,058.19	4.10	.121	59.96	.50
AMBULANCES/AIR TRANS	10	72	851.96	11.83	.012	85.20	.14
OTHER TRANS	35	688	2,077.11	3.02	.112	59.35	.34
OTHER SERVICES	7	14CR	129.12	9.22CR	.002CR	18.45	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	72	874	60,176.49	68.85	.142	835.78	9.78
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	63	134	1,605.01	11.98	.022	25.48	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	53	97	158.69	1.64	.016	2.99	.03
PROSTHETIST/ORTHOTISTS	17	50	731.21	14.62	.008	43.01	.12
PROSTHETICS	17	50	731.21	14.62	.008	43.01	.12
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	12.01	12.01	.000	12.01	.00
SPEECH AND AUDIOLOGY	13	16	3,206.71	200.42	.003	246.67	.52
HOSPICE SERVICES	50	1,641	182,021.91	110.92	.267	3640.44	29.57
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	166	4,893	12,113.10	2.48	.795	72.97	1.97
@CALIF. CHILDREN SERVICES*	1	4	55.78	\$ 13.95	.001	\$ 55.78	\$.01
@XOVER EXCLUDING STATE HOSP**	1,627	11,490	\$ 304,012.31	\$ 26.46	1.867	\$ 186.85	\$ 49.39

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,117
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	54	2,168	\$ 137,863.96	\$ 63.59	31.882	\$ 2553.04	\$ 2027.41
@PHYSICIANS SERVICES	3	11	\$ 154.27	\$ 14.02	.162	\$ 51.42	\$ 2.27
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	11		154.27	14.02	.162	51.42	2.27
@PHARMACY	48	1,069	\$	13,507.52	\$ 12.64	15.721	\$ 281.41	\$ 198.64
PRESCRIPTION DRUGS	48	331		12,960.02	39.15	4.868	270.00	190.59
SNF/ICF	33	258		9,169.41	35.54	3.794	277.86	134.84
OUTPATIENTS	15	73		3,790.61	51.93	1.074	252.71	55.74
MEDICAL SUPPLIES	2	738		547.50	.74	10.853	273.75	8.05
@DENTIST	4	17	\$	1,386.00	\$ 81.53	.250	\$ 346.50	\$ 20.38
VISITS - DIAGNOSTIC	2	3		75.00	25.00	.044	37.50	1.10
ORAL SURGERY	1	10		411.00	41.10	.147	411.00	6.04
DRUGS	1	2		.00	.00	.029	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		900.00	450.00	.029	900.00	13.24
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND							

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68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 17.44	\$ 5.81	.044	\$ 5.81	\$.26
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	17.44	5.81	.044	5.81	.26
@HOME HEALTH AGENCY	2	74	\$ 2,208.38	\$ 29.84	1.088	\$ 1104.19	\$ 32.48
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3	4	\$ 1,261.88	\$ 315.47	.059	\$ 420.63	\$ 18.56
HOSP INPATIENT TOTAL	2	3	1,252.25	417.42	.044	626.13	18.42
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	3	1,252.25	417.42	.044	626.13	18.42
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	9.63	9.63	.015	9.63	.14
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.63	9.63	.015	9.63	.14
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,119
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND						

	68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	4	\$	1,261.88	\$ 315.47	.059	\$ 420.63	\$ 18.56
COMM HOSP INPATIENT TOTAL	2	3		1,252.25	417.42	.044	626.13	18.42
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	3		1,252.25	417.42	.044	626.13	18.42
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1		9.63	9.63	.015	9.63	.14
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		9.63	9.63	.015	9.63	.14
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00

@NURSING FACILITY	19	537	\$	54,093.57	\$	100.73	7.897	\$	2847.03	\$	795.49
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	537		54,093.57		100.73	7.897		2847.03		795.49
@INTERMEDIATE CARE FACIL.-DD	12	377	\$	64,665.98	\$	171.53	5.544	\$	5388.83	\$	950.97
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	377		64,665.98		171.53	5.544		5388.83		950.97
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

PAGE 9,120 01/29/04

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	76	\$ 568.92	\$ 7.49	1.118	\$ 81.27	\$ 8.37
DURABLE MED. EQUIP.	2	9	79.50	8.83	.132	39.75	1.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	20	88.68	4.43	.294	29.56	1.30
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	20	88.68	4.43	.294	29.56	1.30
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	2.26	.75	.044	2.26	.03
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	264.20	66.05	.059	132.10	3.89
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	40	134.28	3.36	.588	134.28	1.97
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	11	38	\$ 1,662.55	\$ 43.75	.559	\$ 151.14	\$ 24.45

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

PAGE 9,121 01/29/04

3,265 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,725	77,981	\$ 3,442,875.64	\$ 44.15	23.884	\$ 1263.44	\$ 1054.48
@PHYSICIANS SERVICES	750	2,859	\$ 99,142.79	\$ 34.68	.876	\$ 132.19	\$ 30.37
OUTPATIENT VISITS	303	517	18,255.23	35.31	.158	60.25	5.59
OFFICE VISITS	228	363	9,940.36	27.38	.111	43.60	3.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	87	125	7,599.84	60.80	.038	87.35	2.33

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	26	29	715.03	24.66	.009	27.50	.22
INPATIENT VISITS	93	319	14,914.61	46.75	.098	160.37	4.57
HOSPITAL VISITS	60	258	11,425.08	44.28	.079	190.42	3.50
CRITICAL CARE	10	19	2,185.00	115.00	.006	218.50	.67
SNF/ICF/TRANS IP CARE	35	42	1,304.53	31.06	.013	37.27	.40
OPHTHALMOLOGICAL SERVICES	7	7	347.78	49.68	.002	49.68	.11
EXAMINATIONS	7	7	347.78	49.68	.002	49.68	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	28	126	8,172.26	64.86	.039	291.87	2.50
PRINCIPAL SURGEON	22	32	6,158.64	192.46	.010	279.94	1.89
ASSISTANT SURGEON	3	3	361.12	120.37	.001	120.37	.11
ANESTHESIOLOGIST	8	91	1,652.50	18.16	.028	206.56	.51
OUTPATIENT SURGERY	54	99	12,280.48	124.05	.030	227.42	3.76
PRINCIPAL SURGEON	50	60	10,755.42	179.26	.018	215.11	3.29
ASSISTANT SURGEON	2	2	489.20	244.60	.001	244.60	.15
ANESTHESIOLOGIST	8	37	1,035.86	28.00	.011	129.48	.32
DIALYSIS	5	25	710.72	28.43	.008	142.14	.22
PATHOLOGY	60	164	2,733.56	16.67	.050	45.56	.84
RADIOLOGY	144	344	14,420.33	41.92	.105	100.14	4.42
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	25	177	3,557.61	20.10	.054	142.30	1.09
OTHER SERVICES/ALL X-OVERS	406	1,081	23,750.21	21.97	.331	58.50	7.27
@PHARMACY	2,188	26,422	\$ 1,616,472.67	\$ 61.18	8.092	\$ 738.79	\$ 495.09
PRESCRIPTION DRUGS	2,160	10,536	1,587,284.65	150.65	3.227	734.85	486.15
SNF/ICF	240	1,630	122,776.51	75.32	.499	511.57	37.60
OUTPATIENTS	1,928	8,906	1,464,508.14	164.44	2.728	759.60	448.55
MEDICAL SUPPLIES	180	15,886	29,188.02	1.84	4.866	162.16	8.94
@DENTIST	187	725	\$ 36,121.24	\$ 49.82	.222	\$ 193.16	\$ 11.06
VISITS - DIAGNOSTIC	117	391	5,537.00	14.16	.120	47.32	1.70
ORAL SURGERY	36	115	5,479.00	47.64	.035	152.19	1.68
DRUGS	2	3	55.00	18.33	.001	27.50	.02
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.03
PERIODONTICS	6	6	1,000.00	166.67	.002	166.67	.31
ENDODONTICS	9	13	1,933.00	148.69	.004	214.78	.59
RESTORATIVE DENTISTRY	68	157	16,641.24	106.00	.048	244.72	5.10
PROSTHETICS	2	2	60.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	14	37	5,316.00	143.68	.011	379.71	1.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

PAGE 9,122 01/29/04

	3,265 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	65	158	\$	3,304.49	\$ 20.91	.048	\$ 50.84	\$ 1.01
DIAGNOSTIC AND ANC. PROCED	19	19		860.90	45.31	.006	45.31	.26
EYE APPLIANCES	49	131		2,176.13	16.61	.040	44.41	.67
OTHER OPTOMETRIC SERVICES	8	8		267.46	33.43	.002	33.43	.08
@CHIROPRACTOR	1	2	\$	16.72	\$ 8.36	.001	\$ 16.72	\$.01
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	2		16.72	8.36	.001	16.72	.01
@PODIATRIST	31	34	\$	501.47	\$ 14.75	.010	\$ 16.18	\$.15
MEDICINE/INJECTIONS	2	3		105.20	35.07	.001	52.60	.03
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	29	31		396.27		12.78	.009	13.66	.12
@HOME HEALTH AGENCY	25	3,286	\$	94,751.18	\$	28.83	1.006	\$ 3790.05	\$ 29.02
NURSE ANESTHESIST	3	49	\$	120.80	\$	2.47	.015	\$ 40.27	\$.04
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	4	\$	51.92	\$	12.98	.001	\$ 12.98	\$.02
@TOTAL HOSPITAL	563	3,749	\$	540,984.45	\$	144.30	1.148	\$ 960.90	\$ 165.69
HOSP INPATIENT TOTAL	77	520		466,293.27		896.72	.159	6055.76	142.82
HSC HOSPITALS	13	104		123,275.00		1185.34	.032	9482.69	37.76
NON-HSC HOSPITAL TOTAL	37	137		322,574.85		2354.56	.042	8718.24	98.80
ACCOMMODATIONS	37	137		82,742.06		603.96	.042	2236.27	25.34
ADMINISTRATIVE DAYS	1	3		2,436.00		812.00	.001	2436.00	.75
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	36	134		80,306.06		599.30	.041	2230.72	24.60
ANCILLARIES	37	0		239,832.79		.00	.000	6481.97	73.46
INPATIENT CROSSOVERS	28	279		20,443.42		73.27	.085	730.12	6.26
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	511	3,229		74,691.18		23.13	.989	146.17	22.88
MEDICAL	69	93		4,084.32		43.92	.028	59.19	1.25
SURGERY	38	41		1,635.28		39.88	.013	43.03	.50
PATHOLOGY	193	896		11,226.41		12.53	.274	58.17	3.44
RADIOLOGY	110	285		22,070.53		77.44	.087	200.64	6.76
ROOM USE	153	237		9,515.82		40.15	.073	62.19	2.91
CROSSOVERS/ALL OTH OUTPTNT	291	1,677		26,158.82		15.60	.514	89.89	8.01
@COUNTY HOSPITAL TOTAL	8	65	\$	49,983.21	\$	768.97	.020	\$ 6247.90	\$ 15.31
CO HOSPITAL INPATIENT TOTAL	1	36		48,672.00		1352.00	.011	48672.00	14.91
HSC HOSPITALS	1	36		48,672.00		1352.00	.011	48672.00	14.91
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	29		1,311.21		45.21	.009	187.32	.40
MEDICAL	4	5		239.92		47.98	.002	59.98	.07
SURGERY	1	1		25.15		25.15	.000	25.15	.01
PATHOLOGY	1	4		31.20		7.80	.001	31.20	.01
RADIOLOGY	5	12		772.33		64.36	.004	154.47	.24
ROOM USE	6	7		242.61		34.66	.002	40.44	.07
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

	3,265 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	555	3,684	\$	491,001.24	\$ 133.28	1.128	\$ 884.69	\$ 150.38
COMM HOSP INPATIENT TOTAL	76	484		417,621.27	862.85	.148	5495.02	127.91
HSC HOSPITALS	12	68		74,603.00	1097.10	.021	6216.92	22.85
NON-HSC HOSPITALS TOTAL	37	137		322,574.85	2354.56	.042	8718.24	98.80
ACCOMMODATIONS	37	137		82,742.06	603.96	.042	2236.27	25.34
ADMINISTRATIVE DAYS	1	3		2,436.00	812.00	.001	2436.00	.75
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	134		80,306.06	599.30	.041	2230.72	24.60
ANCILLARIES	37	0		239,832.79	.00	.000	6481.97	73.46
INPATIENT CROSSOVERS	28	279		20,443.42	73.27	.085	730.12	6.26
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	504	3,200		73,379.97	22.93	.980	145.60	22.47
MEDICAL	65	88		3,844.40	43.69	.027	59.14	1.18
SURGERY	37	40		1,610.13	40.25	.012	43.52	.49
PATHOLOGY	192	892		11,195.21	12.55	.273	58.31	3.43
RADIOLOGY	105	273		21,298.20	78.02	.084	202.84	6.52
ROOM USE	147	230		9,273.21	40.32	.070	63.08	2.84
CROSSOVERS/ALL OTH OUTPTNT	291	1,677		26,158.82	15.60	.514	89.89	8.01
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	227	6,962	\$	799,416.33	114.83	2.132	3521.66	244.84
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	227	6,962		799,416.33	114.83	2.132	3521.66	244.84
@INTERMEDIATE CARE FACIL.-DD	12	383	\$	62,740.57	163.81	.117	5228.38	19.22
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	12	383		62,740.57	163.81	.117	5228.38	19.22
@HEMODIALYSIS TOTAL	20	87	\$	9,021.11	103.69	.027	451.06	2.76
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	20	87		9,021.11	103.69	.027	451.06	2.76
@REHABILITATION FACILITY	4	19	\$	514.39	27.07	.006	128.60	.16
HOSPITAL BASED	1	11		388.44	35.31	.003	388.44	.12
INDEPENDENT FACILITY	3	8		125.95	15.74	.002	41.98	.04
@LABORATORY FACILITY	35	163	\$	1,730.07	10.61	.050	49.43	.53
PATHOLOGY	35	163		1,730.07	10.61	.050	49.43	.53
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	187	336	\$	38,952.47	115.93	.103	208.30	11.93
CLINIC	4	4		80.83	20.21	.001	20.21	.02
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	183	332		38,871.64	117.08	.102	212.41	11.91
#CALIF DEPT OF HEALTH SERV								
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				----- MONTHLY AVERAGE -----			
3,265 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	337	32,743	\$ 139,032.97	\$ 4.25	10.028	\$ 412.56	\$ 42.58
DURABLE MED. EQUIP.	51	193	19,125.29	99.09	.059	375.01	5.86
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	125.00	125.00	.000	125.00	.04
MEDICAL TRANSPORTATION	54	1,337	21,283.67	15.92	.409	394.14	6.52
AMBULANCES/AIR TRANS	51	1,298	12,158.41	9.37	.398	238.40	3.72
OTHER TRANS	1	20	50.99	2.55	.006	50.99	.02
OTHER SERVICES	7	19	9,074.27	477.59	.006	1296.32	2.78
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	46	728	38,606.79	53.03	.223	839.28	11.82
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	68	154	1,756.67	11.41	.047	25.83	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	4	6.07	1.52	.001	2.02	.00
PROSTHETIST/ORTHOTISTS	26	64	11,929.87	186.40	.020	458.84	3.65
PROSTHETICS	26	64	11,929.87	186.40	.020	458.84	3.65
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	9	19	795.91	41.89	.006	88.43	.24
HOSPICE SERVICES	3	7	2,307.43	329.63	.002	769.14	.71
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	40	15,998	31,004.13	1.94	4.900	775.10	9.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	57	14,238	12,092.14	.85	4.361	212.14	3.70
@CALIF. CHILDREN SERVICES*	19	1,649	\$ 14,781.49	\$ 8.96	.505	\$ 777.97	\$ 4.53
@XOVER EXCLUDING STATE HOSP**	557	7,405	\$ 89,860.15	\$ 12.14	2.268	\$ 161.33	\$ 27.52

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,125
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

35,533 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	16,684	103,041	\$ 5,426,893.50	\$ 52.67	2.900	\$ 325.28	\$ 152.73
@PHYSICIANS SERVICES	7,925	19,699	\$ 753,599.00	\$ 38.26	.554	\$ 95.09	\$ 21.21
OUTPATIENT VISITS	6,278	8,731	306,786.94	35.14	.246	48.87	8.63
OFFICE VISITS	4,425	5,712	169,805.42	29.73	.161	38.37	4.78
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,217	2,774	123,927.66	44.67	.078	55.90	3.49
PREVENTIVE CARE	4	4	209.82	52.46	.000	52.46	.01
OB VISITS/COMPRE PERI	77	124	9,506.64	76.67	.003	123.46	.27
OTHER OUTPATIENT	110	117	3,337.40	28.52	.003	30.34	.09
INPATIENT VISITS	291	863	52,674.84	61.04	.024	181.01	1.48
HOSPITAL VISITS	277	653	28,029.91	42.92	.018	101.19	.79
CRITICAL CARE	26	208	24,589.93	118.22	.006	945.77	.69
SNF/ICF/TRANS IP CARE	1	2	55.00	27.50	.000	55.00	.00
OPHTHALMOLOGICAL SERVICES	88	94	4,536.88	48.26	.003	51.56	.13
EXAMINATIONS	87	93	4,511.88	48.51	.003	51.86	.13
SERVICES AND MATERIALS	1	1	25.00	25.00	.000	25.00	.00
INPATIENT HOSPITAL SURGERY	242	1,104	127,488.17	115.48	.031	526.81	3.59
PRINCIPAL SURGEON	160	192	104,174.85	542.58	.005	651.09	2.93
ASSISTANT SURGEON	25	23	4,181.91	181.82	.001	167.28	.12
ANESTHESIOLOGIST	90	889	19,131.41	21.52	.025	212.57	.54
OUTPATIENT SURGERY	702	1,385	98,303.56	70.98	.039	140.03	2.77
PRINCIPAL SURGEON	630	793	83,211.44	104.93	.022	132.08	2.34
ASSISTANT SURGEON	3	3	238.28	79.43	.000	79.43	.01
ANESTHESIOLOGIST	119	589	14,853.84	25.22	.017	124.82	.42
DIALYSIS	2	14	315.86	22.56	.000	157.93	.01
PATHOLOGY	882	1,308	18,534.71	14.17	.037	21.01	.52
RADIOLOGY	1,594	2,384	67,339.13	28.25	.067	42.25	1.90
PSYCHIATRY	4	4	201.33	50.33	.000	50.33	.01
IMMUNIZATION AND INJECTION	251	484	18,379.22	37.97	.014	73.22	.52
OTHER SERVICES/ALL X-OVERS	831	3,328	59,038.36	17.74	.094	71.04	1.66
@PHARMACY	8,168	35,535	\$ 1,604,383.80	\$ 45.15	1.000	\$ 196.42	\$ 45.15
PRESCRIPTION DRUGS	8,124	18,819	1,141,933.95	60.68	.530	140.56	32.14
SNF/ICF	17	54	2,124.81	39.35	.002	124.99	.06
OUTPATIENTS	8,112	18,765	1,139,809.14	60.74	.528	140.51	32.08
MEDICAL SUPPLIES	166	16,716	462,449.85	27.67	.470	2785.84	13.01
@DENTIST	1,551	6,273	\$ 253,843.35	\$ 40.47	.177	\$ 163.66	\$ 7.14
VISITS - DIAGNOSTIC	1,059	3,690	62,314.95	16.89	.104	58.84	1.75
ORAL SURGERY	192	497	28,615.00	57.58	.014	149.04	.81
DRUGS	104	126	2,723.75	21.62	.004	26.19	.08
ANESTHESIA	12	13	1,100.00	84.62	.000	91.67	.03
PERIODONTICS	18	19	2,292.00	120.63	.001	127.33	.06
ENDODONTICS	128	231	38,299.50	165.80	.007	299.21	1.08
RESTORATIVE DENTISTRY	569	1,507	99,068.15	65.74	.042	174.11	2.79
PROSTHETICS	3	3	90.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	26	45	12,031.00	267.36	.001	462.73	.34
SPACE MAINTAINERS	18	19	2,471.00	130.05	.001	137.28	.07
MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	2	2	1,900.00	950.00	.000	950.00	.05
ORTHODONTIC SERVICES	33	40	2,740.00	68.50	.001	83.03	.08
ALL OTHER SERVICES	41	80	150.00	1.88	.002	3.66	.00

#CALIF DEPT OF HEALTH SERV
MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

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35,533 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

----- MONTHLY AVERAGE -----
UNITS/DAYS COST PER
PER ELIG USER

COST PER
ELIGIBLE

@OPTOMETRIST	392	1,140	\$	26,612.62	\$	23.34	.032	\$	67.89	\$	.75
DIAGNOSTIC AND ANC. PROCED	291	292		13,770.48		47.16	.008		47.32		.39
EYE APPLIANCES	296	831		12,290.95		14.79	.023		41.52		.35
OTHER OPTOMETRIC SERVICES	14	17		551.19		32.42	.000		39.37		.02
@CHIROPRACTOR	211	332	\$	5,505.06	\$	16.58	.009	\$	26.09	\$	.15
VISITS	211	332		5,505.06		16.58	.009		26.09		.15
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	31	48	\$	1,400.78	\$	29.18	.001	\$	45.19	\$	.04
MEDICINE/INJECTIONS	29	40		1,254.46		31.36	.001		43.26		.04
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	3	5		81.32		16.26	.000		27.11		.00
OTHER	3	3		65.00		21.67	.000		21.67		.00
@HOME HEALTH AGENCY	35	139	\$	9,400.49	\$	67.63	.004	\$	268.59	\$	.26
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	21	54	\$	3,438.71	\$	63.68	.002	\$	163.75	\$	.10
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	170	214	\$	5,341.24	\$	24.96	.006	\$	31.42	\$	.15
@TOTAL HOSPITAL	4,591	21,509	\$	2,200,734.70	\$	102.32	.605	\$	479.36	\$	61.93
HOSP INPATIENT TOTAL	310	1,160		1,657,496.80		1428.88	.033		5346.76		46.65
HSC HOSPITALS	44	242		324,003.08		1338.86	.007		7363.71		9.12
NON-HSC HOSPITAL TOTAL	257	891		1,326,766.92		1489.08	.025		5162.52		37.34
ACCOMMODATIONS	257	891		375,414.98		421.34	.025		1460.76		10.57
ADMINISTRATIVE DAYS	1	4		3,248.00		812.00	.000		3248.00		.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	257	887		372,166.98		419.58	.025		1448.12		10.47
ANCILLARIES	257	0		951,351.94		.00	.000		3701.76		26.77
INPATIENT CROSSOVERS	9	27		6,726.80		249.14	.001		747.42		.19
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4,435	20,349		543,237.90		26.70	.573		122.49		15.29
MEDICAL	574	726		27,707.40		38.16	.020		48.27		.78
SURGERY	447	498		12,911.21		25.93	.014		28.88		.36
PATHOLOGY	1,778	6,329		82,610.65		13.05	.178		46.46		2.32
RADIOLOGY	1,246	1,667		116,316.99		69.78	.047		93.35		3.27
ROOM USE	3,073	4,350		164,036.15		37.71	.122		53.38		4.62
CROSSOVERS/ALL OTH OUTPTNT	1,896	6,779		139,655.50		20.60	.191		73.66		3.93
@COUNTY HOSPITAL TOTAL	6	20	\$	916.72	\$	45.84	.001	\$	152.79	\$	.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6	20		916.72		45.84	.001		152.79		.03
MEDICAL	2	4		167.31		41.83	.000		83.66		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	5		48.39		9.68	.000		48.39		.00
RADIOLOGY	2	3		70.67		23.56	.000		35.34		.00
ROOM USE	3	3		115.75		38.58	.000		38.58		.00
CROSSOVERS/ALL OTH OUTPTNT	5	5		514.60		102.92	.000		102.92		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 9,127
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES										

	35,533 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		4,588	21,489	\$ 2,199,817.98	\$ 102.37	.605	\$ 479.47	\$ 61.91

COMM HOSP INPATIENT TOTAL	310	1,160		1,657,496.80		1428.88	.033	5346.76	46.65
HSC HOSPITALS	44	242		324,003.08		1338.86	.007	7363.71	9.12
NON-HSC HOSPITALS TOTAL	257	891		1,326,766.92		1489.08	.025	5162.52	37.34
ACCOMMODATIONS	257	891		375,414.98		421.34	.025	1460.76	10.57
ADMINISTRATIVE DAYS	1	4		3,248.00		812.00	.000	3248.00	.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	257	887		372,166.98		419.58	.025	1448.12	10.47
ANCILLARIES	257	0		951,351.94		.00	.000	3701.76	26.77
INPATIENT CROSSOVERS	9	27		6,726.80		249.14	.001	747.42	.19
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,431	20,329		542,321.18		26.68	.572	122.39	15.26
MEDICAL	573	722		27,540.09		38.14	.020	48.06	.78
SURGERY	447	498		12,911.21		25.93	.014	28.88	.36
PATHOLOGY	1,778	6,324		82,562.26		13.06	.178	46.44	2.32
RADIOLOGY	1,245	1,664		116,246.32		69.86	.047	93.37	3.27
ROOM USE	3,071	4,347		163,920.40		37.71	.122	53.38	4.61
CROSSOVERS/ALL OTH OUTPTNT	1,893	6,774		139,140.90		20.54	.191	73.50	3.92
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1	62	\$	7,143.02	\$	115.21	.002	7143.02	.20
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1	62		7,143.02		115.21	.002	7143.02	.20
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	17	75	\$	7,324.65	\$	97.66	.002	430.86	.21
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	17	75		7,324.65		97.66	.002	430.86	.21
@REHABILITATION FACILITY	11	37	\$	1,097.52	\$	29.66	.001	99.77	.03
HOSPITAL BASED	6	12		727.24		60.60	.000	121.21	.02
INDEPENDENT FACILITY	5	25		370.28		14.81	.001	74.06	.01
@LABORATORY FACILITY	703	1,538	\$	29,296.37	\$	19.05	.043	41.67	.82
PATHOLOGY	703	1,538		29,296.37		19.05	.043	41.67	.82
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,768	3,420	\$	393,397.73	\$	115.03	.096	222.51	11.07
CLINIC	309	939		25,152.47		26.79	.026	81.40	.71
SURGICENTER	27	149		4,151.44		27.86	.004	153.76	.12
HEROIN DETOX CLINIC	1	1		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1,458	2,331		364,093.82		156.20	.066	249.72	10.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,128
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES								

						----- MONTHLY AVERAGE -----			
35,533 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,641	12,966	\$	124,374.46	\$ 9.59	.365	\$ 75.79	\$ 3.50	
DURABLE MED. EQUIP.	28	44		3,602.67	81.88	.001	128.67	.10	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	4	4		1,490.94	372.74	.000	372.74	.04	
MEDICAL TRANSPORTATION	157	1,278		40,508.22	31.70	.036	258.01	1.14	
AMBULANCES/AIR TRANS	154	1,242		25,977.50	20.92	.035	168.69	.73	
OTHER TRANS	2	21		108.64	5.17	.001	54.32	.00	
OTHER SERVICES	9	15		14,422.08	961.47	.000	1602.45	.41	
ACUPUNCTURE	3	3		70.28	23.43	.000	23.43	.00	

ADULT DAY HEALTH CARE CTR	1	3	205.71	68.57	.000	205.71	.01
GENETIC DISEASE TESTING	55	55	5,533.00	100.60	.002	100.60	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	325	689	6,243.96	9.06	.019	19.21	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	41	74	8,277.31	111.86	.002	201.89	.23
PROSTHETICS	40	73	8,226.37	112.69	.002	205.66	.23
ORTHOTICS	1	1	50.94	50.94	.000	50.94	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	34	1,426.36	41.95	.001	83.90	.04
HOSPICE SERVICES	0	0	3,251.64	.00	.000	.00	.09
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,003	7,992	51,522.70	6.45	.225	51.37	1.45
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	34	2,790	2,241.67	.80	.079	65.93	.06
@CALIF. CHILDREN SERVICES*	122	3,707	\$ 548,541.81	\$ 147.97	.104	\$ 4496.24	\$ 15.44
@XOVER EXCLUDING STATE HOSP**	116	1,860	\$ 20,718.90	\$ 11.14	.052	\$ 178.61	\$.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,129
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL	

45,021 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24,933	316,672	\$ 19,466,268.92	\$ 61.47	7.034	\$ 780.74	\$ 432.38
@PHYSICIANS SERVICES	9,337	24,903	\$ 892,202.76	\$ 35.83	.553	\$ 95.56	\$ 19.82
OUTPATIENT VISITS	6,597	9,271	326,131.05	35.18	.206	49.44	7.24
OFFICE VISITS	4,663	6,085	180,033.88	29.59	.135	38.61	4.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,312	2,912	132,328.28	45.44	.065	57.24	2.94
PREVENTIVE CARE	4	4	209.82	52.46	.000	52.46	.00
OB VISITS/COMPRE PERI	77	124	9,506.64	76.67	.003	123.46	.21
OTHER OUTPATIENT	136	146	4,052.43	27.76	.003	29.80	.09
INPATIENT VISITS	400	1,213	69,409.85	57.22	.027	173.52	1.54
HOSPITAL VISITS	343	925	40,115.89	43.37	.021	116.96	.89
CRITICAL CARE	40	235	27,686.93	117.82	.005	692.17	.61
SNF/ICF/TRANS IP CARE	45	53	1,607.03	30.32	.001	35.71	.04
OPHTHALMOLOGICAL SERVICES	97	103	5,000.24	48.55	.002	51.55	.11
EXAMINATIONS	96	102	4,975.24	48.78	.002	51.83	.11
SERVICES AND MATERIALS	1	1	25.00	25.00	.000	25.00	.00
INPATIENT HOSPITAL SURGERY	280	1,323	143,143.17	108.20	.029	511.23	3.18
PRINCIPAL SURGEON	190	237	115,452.25	487.14	.005	607.64	2.56
ASSISTANT SURGEON	30	28	5,061.64	180.77	.001	168.72	.11
ANESTHESIOLOGIST	102	1,058	22,629.28	21.39	.024	221.86	.50
OUTPATIENT SURGERY	757	1,485	111,589.25	75.14	.033	147.41	2.48
PRINCIPAL SURGEON	681	854	94,972.07	111.21	.019	139.46	2.11
ASSISTANT SURGEON	5	5	727.48	145.50	.000	145.50	.02
ANESTHESIOLOGIST	127	626	15,889.70	25.38	.014	125.12	.35
DIALYSIS	7	39	1,026.58	26.32	.001	146.65	.02
PATHOLOGY	946	1,479	21,359.66	14.44	.033	22.58	.47
RADIOLOGY	1,755	2,768	82,528.92	29.82	.061	47.03	1.83
PSYCHIATRY	4	4	201.33	50.33	.000	50.33	.00
IMMUNIZATION AND INJECTION	279	664	21,955.01	33.06	.015	78.69	.49
OTHER SERVICES/ALL X-OVERS	1,864	6,554	109,857.70	16.76	.146	58.94	2.44

@PHARMACY	14,893	99,674	\$	4,632,206.95	\$	46.47	2.214	\$	311.03	\$	102.89
PRESCRIPTION DRUGS	14,789	56,367		4,124,718.06		73.18	1.252		278.90		91.62
SNF/ICF	2,710	19,867		1,012,673.36		50.97	.441		373.68		22.49
OUTPATIENTS	12,180	36,500		3,112,044.70		85.26	.811		255.50		69.12
MEDICAL SUPPLIES	555	43,307		507,488.89		11.72	.962		914.39		11.27
@DENTIST	1,933	7,567	\$	323,133.39	\$	42.70	.168	\$	167.17	\$	7.18
VISITS - DIAGNOSTIC	1,320	4,376		73,001.75		16.68	.097		55.30		1.62
ORAL SURGERY	261	734		38,972.00		53.10	.016		149.32		.87
DRUGS	107	131		2,778.75		21.21	.003		25.97		.06
ANESTHESIA	13	14		1,200.00		85.71	.000		92.31		.03
PERIODONTICS	24	25		3,292.00		131.68	.001		137.17		.07
ENDODONTICS	141	248		41,182.50		166.06	.006		292.07		.91
RESTORATIVE DENTISTRY	666	1,719		119,949.39		69.78	.038		180.10		2.66
PROSTHETICS	5	5		150.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	72	169		35,298.00		208.86	.004		490.25		.78
SPACE MAINTAINERS	18	19		2,471.00		130.05	.000		137.28		.05

MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	2	2	1,900.00	950.00	.000	950.00	.04
ORTHODONTIC SERVICES	33	40	2,740.00	68.50	.001	83.03	.06
ALL OTHER SERVICES	45	84	150.00	1.79	.002	3.33	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

45,021 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	495	1,397	\$ 31,736.54	\$ 22.72	.031	\$ 64.11	\$.70
DIAGNOSTIC AND ANC. PROCED	312	313	14,726.28	47.05	.007	47.20	.33
EYE APPLIANCES	375	1,042	15,859.76	15.22	.023	42.29	.35
OTHER OPTOMETRIC SERVICES	32	42	1,150.50	27.39	.001	35.95	.03
@CHIROPRACTOR	212	334	\$ 5,521.78	\$ 16.53	.007	\$ 26.05	\$.12
VISITS	211	332	5,505.06	16.58	.007	26.09	.12
OTHER SERVICES	1	2	16.72	8.36	.000	16.72	.00
@PODIATRIST	335	377	\$ 4,805.82	\$ 12.75	.008	\$ 14.35	\$.11
MEDICINE/INJECTIONS	31	43	1,359.66	31.62	.001	43.86	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	3	5	81.32	16.26	.000	27.11	.00
OTHER	305	329	3,364.84	10.23	.007	11.03	.07
@HOME HEALTH AGENCY	62	3,499	\$ 106,360.05	\$ 30.40	.078	\$ 1715.48	\$ 2.36
NURSE ANESTHESIST	5	82	\$ 192.16	\$ 2.34	.002	\$ 38.43	\$.00
NURSE MIDWIFE	21	54	\$ 3,438.71	\$ 63.68	.001	\$ 163.75	\$.08
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	177	221	\$ 5,447.46	\$ 24.65	.005	\$ 30.78	\$.12
@TOTAL HOSPITAL	5,573	27,231	\$ 2,892,323.61	\$ 106.21	.605	\$ 518.99	\$ 64.24
HOSP INPATIENT TOTAL	516	2,096	2,239,886.15	1068.65	.047	4340.86	49.75
HSC HOSPITALS	58	352	454,514.08	1291.23	.008	7836.45	10.10
NON-HSC HOSPITAL TOTAL	297	1,032	1,659,967.08	1608.50	.023	5589.11	36.87
ACCOMMODATIONS	297	1,032	460,447.10	446.17	.023	1550.33	10.23
ADMINISTRATIVE DAYS	2	7	5,684.00	812.00	.000	2842.00	.13
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	296	1,025	454,763.10	443.67	.023	1536.36	10.10
ANCILLARIES	297	0	1,199,519.98	.00	.000	4038.79	26.64
INPATIENT CROSSOVERS	162	712	125,404.99	176.13	.016	774.10	2.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,252	25,135	652,437.46	25.96	.558	124.23	14.49
MEDICAL	657	838	32,598.76	38.90	.019	49.62	.72
SURGERY	486	540	14,723.51	27.27	.012	30.30	.33
PATHOLOGY	2,001	7,357	95,280.34	12.95	.163	47.62	2.12
RADIOLOGY	1,364	1,962	139,036.35	70.86	.044	101.93	3.09
ROOM USE	3,242	4,612	174,495.65	37.84	.102	53.82	3.88
CROSSOVERS/ALL OTH OUTPTNT	2,462	9,826	196,302.85	19.98	.218	79.73	4.36
@COUNTY HOSPITAL TOTAL	14	85	\$ 50,899.93	\$ 598.82	.002	\$ 3635.71	\$ 1.13
CO HOSPITAL INPATIENT TOTAL	1	36	48,672.00	1352.00	.001	48672.00	1.08
HSC HOSPITALS	1	36	48,672.00	1352.00	.001	48672.00	1.08
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	49	2,227.93	45.47	.001	171.38	.05
MEDICAL	6	9	407.23	45.25	.000	67.87	.01
SURGERY	1	1	25.15	25.15	.000	25.15	.00
PATHOLOGY	2	9	79.59	8.84	.000	39.80	.00

RADIOLOGY	7	15	843.00	56.20	.000	120.43	.02
ROOM USE	9	10	358.36	35.84	.000	39.82	.01
CROSSOVERS/ALL OTH OUTPTNT	5	5	514.60	102.92	.000	102.92	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
45,021 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	5,562	27,146	\$ 2,841,423.68	\$ 104.67	.603	\$ 510.86	\$ 63.11
COMM HOSP INPATIENT TOTAL	515	2,060	2,191,214.15	1063.70	.046	4254.78	48.67
HSC HOSPITALS	57	316	405,842.08	1284.31	.007	7120.04	9.01
NON-HSC HOSPITALS TOTAL	297	1,032	1,659,967.08	1608.50	.023	5589.11	36.87
ACCOMMODATIONS	297	1,032	460,447.10	446.17	.023	1550.33	10.23
ADMINISTRATIVE DAYS	2	7	5,684.00	812.00	.000	2842.00	.13
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	296	1,025	454,763.10	443.67	.023	1536.36	10.10
ANCILLARIES	297	0	1,199,519.98	.00	.000	4038.79	26.64
INPATIENT CROSSOVERS	162	712	125,404.99	176.13	.016	774.10	2.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,241	25,086	650,209.53	25.92	.557	124.06	14.44
MEDICAL	652	829	32,191.53	38.83	.018	49.37	.72
SURGERY	485	539	14,698.36	27.27	.012	30.31	.33
PATHOLOGY	2,000	7,348	95,200.75	12.96	.163	47.60	2.11
RADIOLOGY	1,358	1,947	138,193.35	70.98	.043	101.76	3.07
ROOM USE	3,234	4,602	174,137.29	37.84	.102	53.85	3.87
CROSSOVERS/ALL OTH OUTPTNT	2,459	9,821	195,788.25	19.94	.218	79.62	4.35
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,913	90,246	\$ 9,380,888.75	\$ 103.95	2.005	\$ 3220.35	\$ 208.37
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,913	90,246	9,380,888.75	103.95	2.005	3220.35	208.37
@INTERMEDIATE CARE FACIL.-DD	24	760	\$ 127,406.55	\$ 167.64	.017	\$ 5308.61	\$ 2.83
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	24	760	127,406.55	167.64	.017	5308.61	2.83
@HEMODIALYSIS TOTAL	47	179	\$ 22,259.73	\$ 124.36	.004	\$ 473.61	\$.49
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	47	179	22,259.73	124.36	.004	473.61	.49
@REHABILITATION FACILITY	15	56	\$ 1,611.91	\$ 28.78	.001	\$ 107.46	\$.04
HOSPITAL BASED	7	23	1,115.68	48.51	.001	159.38	.02
INDEPENDENT FACILITY	8	33	496.23	15.04	.001	62.03	.01
@LABORATORY FACILITY	743	1,716	\$ 31,142.19	\$ 18.15	.038	\$ 41.91	\$.69
PATHOLOGY	739	1,706	31,080.05	18.22	.038	42.06	.69
XO AND OTHERS	4	10	62.14	6.21	.000	15.54	.00
@ORGANIZED OUTPATIENT CLINIC	2,049	3,923	\$ 450,982.73	\$ 114.96	.087	\$ 220.10	\$ 10.02
CLINIC	314	944	25,255.71	26.75	.021	80.43	.56
SURGICENTER	29	151	4,559.79	30.20	.003	157.23	.10
HEROIN DETOX CLINIC	1	1	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,732	2,827	421,167.23	148.98	.063	243.17	9.35

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,132
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
45,021 ELIGIBLES							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,502	54,453	\$	554,607.83	\$ 10.19	1.210	\$ 221.67	\$ 12.32
DURABLE MED. EQUIP.	106	425		37,901.63	89.18	.009	357.56	.84
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	35	42		14,069.93	335.00	.001	402.00	.31
MEDICAL TRANSPORTATION	265	3,381		64,938.76	19.21	.075	245.05	1.44
AMBULANCES/AIR TRANS	215	2,612		38,987.87	14.93	.058	181.34	.87
OTHER TRANS	38	729		2,236.74	3.07	.016	58.86	.05
OTHER SERVICES	26	40		23,714.15	592.85	.001	912.08	.53
ACUPUNCTURE	3	3		70.28	23.43	.000	23.43	.00
ADULT DAY HEALTH CARE CTR	73	877		60,382.20	68.85	.019	827.15	1.34
GENETIC DISEASE TESTING	55	55		5,533.00	100.60	.001	100.60	.12
IHMC,MODEL-NF,NF,AIDS,MSSP	46	728		38,606.79	53.03	.016	839.28	.86
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	456	977		9,605.64	9.83	.022	21.07	.21
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	57	104		167.02	1.61	.002	2.93	.00
PROSTHETIST/ORTHOTISTS	84	188		20,938.39	111.37	.004	249.27	.47
PROSTHETICS	83	187		20,887.45	111.70	.004	251.66	.46
ORTHOTICS	1	1		50.94	50.94	.000	50.94	.00
PSYCHOLOGIST	1	1		12.01	12.01	.000	12.01	.00
SPEECH AND AUDIOLOGY	41	73		5,693.18	77.99	.002	138.86	.13
HOSPICE SERVICES	53	1,648		187,580.98	113.82	.037	3539.26	4.17
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,044	24,030		82,661.11	3.44	.534	79.18	1.84
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	257	21,921		26,446.91	1.21	.487	102.91	.59
@CALIF. CHILDREN SERVICES*	142	5,360	\$	563,379.08	\$ 105.11	.119	\$ 3967.46	\$ 12.51
@XOVER EXCLUDING STATE HOSP**	2,311	20,793	\$	416,253.91	\$ 20.02	.462	\$ 180.12	\$ 9.25

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,133
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	2,479 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,174	38,047	\$	538,230.65	\$ 14.15	15.348	\$ 458.46	\$ 217.12
@PHYSICIANS SERVICES	511	1,860	\$	74,280.31	\$ 39.94	.750	\$ 145.36	\$ 29.96
OUTPATIENT VISITS	367	509		18,882.35	37.10	.205	51.45	7.62
OFFICE VISITS	245	303		9,917.71	32.73	.122	40.48	4.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	123	162		7,757.01	47.88	.065	63.07	3.13
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	24		538.05	22.42	.010	107.61	.22
OTHER OUTPATIENT	16	20		669.58	33.48	.008	41.85	.27
INPATIENT VISITS	27	162		10,462.34	64.58	.065	387.49	4.22
HOSPITAL VISITS	23	124		5,519.17	44.51	.050	239.96	2.23
CRITICAL CARE	7	36		4,903.59	136.21	.015	700.51	1.98
SNF/ICF/TRANS IP CARE	2	2		39.58	19.79	.001	19.79	.02
OPHTHALMOLOGICAL SERVICES	10	10		410.78	41.08	.004	41.08	.17
EXAMINATIONS	10	10		410.78	41.08	.004	41.08	.17
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	37	412		21,176.31	51.40	.166	572.33	8.54
PRINCIPAL SURGEON	22	50		14,648.35	292.97	.020	665.83	5.91
ASSISTANT SURGEON	1	1		122.11	122.11	.000	122.11	.05
ANESTHESIOLOGIST	17	361		6,405.85	17.74	.146	376.81	2.58

OUTPATIENT SURGERY	55	123		7,299.48		59.35	.050	132.72	2.94
PRINCIPAL SURGEON	43	57		5,209.69		91.40	.023	121.16	2.10
ASSISTANT SURGEON	1	1		52.12		52.12	.000	52.12	.02
ANESTHESIOLOGIST	13	65		2,037.67		31.35	.026	156.74	.82
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	53	106		2,253.73		21.26	.043	42.52	.91
RADIOLOGY	123	311		7,982.35		25.67	.125	64.90	3.22
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	11		1,949.28		177.21	.004	177.21	.79
OTHER SERVICES/ALL X-OVERS	55	216		3,863.69		17.89	.087	70.25	1.56
@PHARMACY	503	10,333	\$	76,605.85	\$	7.41	4.168	\$ 152.30	\$ 30.90
PRESCRIPTION DRUGS	496	1,011		69,847.30		69.09	.408	140.82	28.18
SNF/ICF	12	59		8,792.04		149.02	.024	732.67	3.55
OUTPATIENTS	484	952		61,055.26		64.13	.384	126.15	24.63
MEDICAL SUPPLIES	32	9,322		6,758.55		.73	3.760	211.20	2.73
@DENTIST	92	387	\$	13,948.00	\$	36.04	.156	\$ 151.61	\$ 5.63
VISITS - DIAGNOSTIC	71	261		4,942.00		18.93	.105	69.61	1.99
ORAL SURGERY	15	35		3,544.00		101.26	.014	236.27	1.43
DRUGS	4	4		75.00		18.75	.002	18.75	.03
ANESTHESIA	2	2		200.00		100.00	.001	100.00	.08
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	2	2		660.00		330.00	.001	330.00	.27
RESTORATIVE DENTISTRY	27	78		4,257.00		54.58	.031	157.67	1.72
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	1	1		120.00		120.00	.000	120.00	.05
MAXILLOFACIAL SERVICES	1	2		150.00		75.00	.001	150.00	.06
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	3	2		.00		.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

PAGE 9,134 01/29/04

	2,479 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	26	64	\$	1,610.35	\$ 25.16	.026	\$ 61.94	\$.65
DIAGNOSTIC AND ANC. PROCED	21	21		984.59	46.89	.008	46.89	.40
EYE APPLIANCES	14	41		588.96	14.36	.017	42.07	.24
OTHER OPTOMETRIC SERVICES	1	2		36.80	18.40	.001	36.80	.01
@CHIROPRACTOR	15	21	\$	351.12	\$ 16.72	.008	\$ 23.41	\$.14
VISITS	15	21		351.12	16.72	.008	23.41	.14
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	173	\$	5,322.96	\$ 30.77	.070	\$ 887.16	\$ 2.15
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	1	\$	60.48	\$ 60.48	.000	\$ 60.48	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	10	12	\$	292.88	\$ 24.41	.005	\$ 29.29	\$.12
@TOTAL HOSPITAL	304	1,421	\$	276,251.80	\$ 194.41	.573	\$ 908.72	\$ 111.44
HOSP INPATIENT TOTAL	28	190		239,485.54	1260.45	.077	8553.06	96.61
HSC HOSPITALS	13	142		170,005.00	1197.22	.057	13077.31	68.58
NON-HSC HOSPITAL TOTAL	16	48		69,480.54	1447.51	.019	4342.53	28.03
ACCOMMODATIONS	16	48		20,119.95	419.17	.019	1257.50	8.12
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	16	48	20,119.95	419.17	.019	1257.50	8.12
ANCILLARIES	16	0	49,360.59	.00	.000	3085.04	19.91
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	284	1,231	36,766.26	29.87	.497	129.46	14.83
MEDICAL	32	37	1,376.86	37.21	.015	43.03	.56
SURGERY	36	45	1,024.03	22.76	.018	28.45	.41
PATHOLOGY	115	393	4,994.77	12.71	.159	43.43	2.01
RADIOLOGY	84	125	10,853.93	86.83	.050	129.21	4.38
ROOM USE	196	295	11,178.64	37.89	.119	57.03	4.51
CROSSOVERS/ALL OTH OUTPTNT	113	336	7,338.03	21.84	.136	64.94	2.96
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,135
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	2,479 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	304	1,421	\$	276,251.80	\$ 194.41	.573	\$ 908.72	\$ 111.44
COMM HOSP INPATIENT TOTAL	28	190		239,485.54	1260.45	.077	8553.06	96.61
HSC HOSPITALS	13	142		170,005.00	1197.22	.057	13077.31	68.58
NON-HSC HOSPITALS TOTAL	16	48		69,480.54	1447.51	.019	4342.53	28.03
ACCOMMODATIONS	16	48		20,119.95	419.17	.019	1257.50	8.12
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	48		20,119.95	419.17	.019	1257.50	8.12
ANCILLARIES	16	0		49,360.59	.00	.000	3085.04	19.91
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	284	1,231		36,766.26	29.87	.497	129.46	14.83
MEDICAL	32	37		1,376.86	37.21	.015	43.03	.56
SURGERY	36	45		1,024.03	22.76	.018	28.45	.41
PATHOLOGY	115	393		4,994.77	12.71	.159	43.43	2.01
RADIOLOGY	84	125		10,853.93	86.83	.050	129.21	4.38
ROOM USE	196	295		11,178.64	37.89	.119	57.03	4.51
CROSSOVERS/ALL OTH OUTPTNT	113	336		7,338.03	21.84	.136	64.94	2.96
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	6	168	\$	24,892.56	\$ 148.17	.068	\$ 4148.76	\$ 10.04
ICF DDH	6	168		24,892.56	148.17	.068	4148.76	10.04
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	2	\$	42.38	\$ 21.19	.001	\$ 21.19	\$.02
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	2	2		42.38	21.19	.001	21.19	.02
@LABORATORY FACILITY	42	149	\$	2,368.10	\$ 15.89	.060	\$ 56.38	\$.96
PATHOLOGY	42	149		2,368.10	15.89	.060	56.38	.96
XO AND OTHERS	0	0		.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	91	216	\$	13,087.92	\$	60.59	.087	\$	143.82	\$	5.28
CLINIC	29	112		1,712.05		15.29	.045		59.04		.69
SURGICENTER	1	10		243.41		24.34	.004		243.41		.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	61	94		11,132.46		118.43	.038		182.50		4.49

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,136
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	2,479 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	159	23,240	\$	49,115.94	\$ 2.11	9.375	\$ 308.91	\$ 19.81
DURABLE MED. EQUIP.	15	38		7,317.16	192.56	.015	487.81	2.95
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	23	336		12,192.90	36.29	.136	530.13	4.92
AMBULANCES/AIR TRANS	23	332		4,992.90	15.04	.134	217.08	2.01
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	4	4		7,200.00	1800.00	.002	1800.00	2.90
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	17	36		298.96	8.30	.015	17.59	.12
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	9		2,738.38	304.26	.004	684.60	1.10
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	80	6,203		21,584.85	3.48	2.502	269.81	8.71
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	27	16,617		4,878.69	.29	6.703	180.69	1.97
@CALIF. CHILDREN SERVICES*	84	7,816	\$	124,618.94	\$ 15.94	3.153	\$ 1483.56	\$ 50.27
@XOVER EXCLUDING STATE HOSP**	1	2	\$	36.80	\$ 18.40	.001	\$ 36.80	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,137
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	AID CODE 83

	47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	92	1,092	\$	48,389.14	\$ 44.31	23.234	\$ 525.97	\$ 1029.56
@PHYSICIANS SERVICES	55	164	\$	5,915.49	\$ 36.07	3.489	\$ 107.55	\$ 125.86
OUTPATIENT VISITS	30	50		2,441.28	48.83	1.064	81.38	51.94
OFFICE VISITS	9	12		354.00	29.50	.255	39.33	7.53
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	24	37		2,041.56	55.18	.787	85.07	43.44
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		45.72	45.72	.021	45.72	.97
INPATIENT VISITS	6	10		649.06	64.91	.213	108.18	13.81

HOSPITAL VISITS	5	8		452.13	56.52	.170	90.43	9.62
CRITICAL CARE	1	2		196.93	98.47	.043	196.93	4.19
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	28		653.98	23.36	.596	163.50	13.91
PRINCIPAL SURGEON	1	1		157.33	157.33	.021	157.33	3.35
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	27		496.65	18.39	.574	165.55	10.57
OUTPATIENT SURGERY	9	19		817.75	43.04	.404	90.86	17.40
PRINCIPAL SURGEON	8	8		669.10	83.64	.170	83.64	14.24
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11		148.65	13.51	.234	148.65	3.16
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	4CR		559.96CR	139.99	.085CR	186.65CR	11.91CR
RADIOLOGY	18	43		1,158.74	26.95	.915	64.37	24.65
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	18		754.64	41.92	.383	94.33	16.06
@PHARMACY	13	35	\$	3,032.73	\$ 86.65	.745	\$ 233.29	\$ 64.53
PRESCRIPTION DRUGS	13	29		2,941.80	101.44	.617	226.29	62.59
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	13	29		2,941.80	101.44	.617	226.29	62.59
MEDICAL SUPPLIES	1	6		90.93	15.16	.128	90.93	1.93
@DENTIST	5	19	\$	527.00	\$ 27.74	.404	\$ 105.40	\$ 11.21
VISITS - DIAGNOSTIC	3	5		80.00	16.00	.106	26.67	1.70
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	14		447.00	31.93	.298	111.75	9.51
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,138
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	1	4	\$ 71.30	\$ 17.83	.085	\$ 71.30	\$ 1.52
DIAGNOSTIC AND ANC. PROCED	1	1	37.47	37.47	.021	37.47	.80
EYE APPLIANCES	1	3	33.83	11.28	.064	33.83	.72
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	612	\$ 13,528.68	\$ 22.11	13.021	\$ 13528.68	\$ 287.84
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	44	249	\$	24,308.44	\$	97.62	5.298	\$	552.46	\$	517.20
HOSP INPATIENT TOTAL	2	4		18,586.13		4646.53	.085		9293.07		395.45
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	4		18,586.13		4646.53	.085		9293.07		395.45
ACCOMMODATIONS	2	4		1,668.86		417.22	.085		834.43		35.51
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	4		1,668.86		417.22	.085		834.43		35.51
ANCILLARIES	2	0		16,917.27		.00	.000		8458.64		359.94
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	42	245		5,722.31		23.36	5.213		136.25		121.75
MEDICAL	12	12		339.00		28.25	.255		28.25		7.21
SURGERY	8	9		147.12		16.35	.191		18.39		3.13
PATHOLOGY	17	60		642.56		10.71	1.277		37.80		13.67
RADIOLOGY	19	27		1,939.58		71.84	.574		102.08		41.27
ROOM USE	33	42		1,408.39		33.53	.894		42.68		29.97
CROSSOVERS/ALL OTH OUTPTNT	26	95		1,245.66		13.11	2.021		47.91		26.50
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,139
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	44	249	\$ 24,308.44	\$ 97.62	5.298	\$ 552.46	\$ 517.20
COMM HOSP INPATIENT TOTAL	2	4	18,586.13	4646.53	.085	9293.07	395.45
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	4	18,586.13	4646.53	.085	9293.07	395.45
ACCOMMODATIONS	2	4	1,668.86	417.22	.085	834.43	35.51
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	1,668.86	417.22	.085	834.43	35.51
ANCILLARIES	2	0	16,917.27	.00	.000	8458.64	359.94
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	42	245	5,722.31	23.36	5.213	136.25	121.75
MEDICAL	12	12	339.00	28.25	.255	28.25	7.21
SURGERY	8	9	147.12	16.35	.191	18.39	3.13
PATHOLOGY	17	60	642.56	10.71	1.277	37.80	13.67

RADIOLOGY	19	27		1,939.58		71.84	.574	102.08		41.27
ROOM USE	33	42		1,408.39		33.53	.894	42.68		29.97
CROSSOVERS/ALL OTH OUTPTNT	26	95		1,245.66		13.11	2.021	47.91		26.50
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	14.60	\$	14.60	.021	\$ 14.60	\$.31
PATHOLOGY	1	1		14.60		14.60	.021	14.60	.31
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,140	
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04	
NEVADA COUNTY	SUMMARY OF SERVICES FOR MIC - SOC							AID CODE 83	

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	8	\$ 990.90	\$ 123.86	.170	\$ 495.45	\$ 21.08
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	8	990.90	123.86	.170	495.45	21.08
PROSTHETICS	2	8	990.90	123.86	.170	495.45	21.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	47	\$ 3,628.68	\$ 77.21	1.000	\$ 518.38	\$ 77.21
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,141	
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04	
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL								

2,526 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@TOTAL, ALL PROVIDERS	1,266	39,139	\$	586,619.79	\$	14.99	15.494	\$	463.36	\$	232.23
@PHYSICIANS SERVICES	566	2,024	\$	80,195.80	\$	39.62	.801	\$	141.69	\$	31.75
OUTPATIENT VISITS	397	559		21,323.63		38.15	.221		53.71		8.44
OFFICE VISITS	254	315		10,271.71		32.61	.125		40.44		4.07
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	147	199		9,798.57		49.24	.079		66.66		3.88
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	5	24		538.05		22.42	.010		107.61		.21
OTHER OUTPATIENT	17	21		715.30		34.06	.008		42.08		.28
INPATIENT VISITS	33	172		11,111.40		64.60	.068		336.71		4.40
HOSPITAL VISITS	28	132		5,971.30		45.24	.052		213.26		2.36
CRITICAL CARE	8	38		5,100.52		134.22	.015		637.57		2.02
SNF/ICF/TRANS IP CARE	2	2		39.58		19.79	.001		19.79		.02
OPHTHALMOLOGICAL SERVICES	10	10		410.78		41.08	.004		41.08		.16
EXAMINATIONS	10	10		410.78		41.08	.004		41.08		.16
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	41	440		21,830.29		49.61	.174		532.45		8.64
PRINCIPAL SURGEON	23	51		14,805.68		290.31	.020		643.73		5.86
ASSISTANT SURGEON	1	1		122.11		122.11	.000		122.11		.05
ANESTHESIOLOGIST	20	388		6,902.50		17.79	.154		345.13		2.73
OUTPATIENT SURGERY	64	142		8,117.23		57.16	.056		126.83		3.21
PRINCIPAL SURGEON	51	65		5,878.79		90.44	.026		115.27		2.33
ASSISTANT SURGEON	1	1		52.12		52.12	.000		52.12		.02
ANESTHESIOLOGIST	14	76		2,186.32		28.77	.030		156.17		.87
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	56	102		1,693.77		16.61	.040		30.25		.67
RADIOLOGY	141	354		9,141.09		25.82	.140		64.83		3.62
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	11	11		1,949.28		177.21	.004		177.21		.77
OTHER SERVICES/ALL X-OVERS	63	234		4,618.33		19.74	.093		73.31		1.83
@PHARMACY	516	10,368	\$	79,638.58	\$	7.68	4.105	\$	154.34	\$	31.53
PRESCRIPTION DRUGS	509	1,040		72,789.10		69.99	.412		143.00		28.82
SNF/ICF	12	59		8,792.04		149.02	.023		732.67		3.48
OUTPATIENTS	497	981		63,997.06		65.24	.388		128.77		25.34
MEDICAL SUPPLIES	33	9,328		6,849.48		.73	3.693		207.56		2.71
@DENTIST	97	406	\$	14,475.00	\$	35.65	.161	\$	149.23	\$	5.73
VISITS - DIAGNOSTIC	74	266		5,022.00		18.88	.105		67.86		1.99
ORAL SURGERY	15	35		3,544.00		101.26	.014		236.27		1.40
DRUGS	4	4		75.00		18.75	.002		18.75		.03
ANESTHESIA	2	2		200.00		100.00	.001		100.00		.08
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	2		660.00		330.00	.001		330.00		.26
RESTORATIVE DENTISTRY	31	92		4,704.00		51.13	.036		151.74		1.86
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	1	1		120.00		120.00	.000		120.00		.05
MAXILLOFACIAL SERVICES	1	2		150.00		75.00	.001		150.00		.06
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	3	2		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,142	
MOP024				FEE-FOR-SERVICE/DENTAL						01/29/04	
NEVADA COUNTY				SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL							

	2,526 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	27	68	\$	1,681.65	\$ 24.73	.027	\$ 62.28	\$.67
DIAGNOSTIC AND ANC. PROCED	22	22		1,022.06	46.46	.009	46.46	.40
EYE APPLIANCES	15	44		622.79	14.15	.017	41.52	.25
OTHER OPTOMETRIC SERVICES	1	2		36.80	18.40	.001	36.80	.01

@CHIROPRACTOR	15	21	\$	351.12	\$	16.72	.008	\$	23.41	\$	.14
VISITS	15	21		351.12		16.72	.008		23.41		.14
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	7	785	\$	18,851.64	\$	24.01	.311	\$	2693.09	\$	7.46
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	1	1	\$	60.48	\$	60.48	.000	\$	60.48	\$	.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	10	12	\$	292.88	\$	24.41	.005	\$	29.29	\$	.12
@TOTAL HOSPITAL	348	1,670	\$	300,560.24	\$	179.98	.661	\$	863.68	\$	118.99
HOSP INPATIENT TOTAL	30	194		258,071.67		1330.27	.077		8602.39		102.17
HSC HOSPITALS	13	142		170,005.00		1197.22	.056		13077.31		67.30
NON-HSC HOSPITAL TOTAL	18	52		88,066.67		1693.59	.021		4892.59		34.86
ACCOMMODATIONS	18	52		21,788.81		419.02	.021		1210.49		8.63
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	18	52		21,788.81		419.02	.021		1210.49		8.63
ANCILLARIES	18	0		66,277.86		.00	.000		3682.10		26.24
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	326	1,476		42,488.57		28.79	.584		130.33		16.82
MEDICAL	44	49		1,715.86		35.02	.019		39.00		.68
SURGERY	44	54		1,171.15		21.69	.021		26.62		.46
PATHOLOGY	132	453		5,637.33		12.44	.179		42.71		2.23
RADIOLOGY	103	152		12,793.51		84.17	.060		124.21		5.06
ROOM USE	229	337		12,587.03		37.35	.133		54.97		4.98
CROSSOVERS/ALL OTH OUTPTNT	139	431		8,583.69		19.92	.171		61.75		3.40
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,143
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

	2,526 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	348	1,670	\$	300,560.24	\$ 179.98	.661	\$ 863.68	\$ 118.99
COMM HOSP INPATIENT TOTAL	30	194		258,071.67	1330.27	.077	8602.39	102.17
HSC HOSPITALS	13	142		170,005.00	1197.22	.056	13077.31	67.30
NON-HSC HOSPITALS TOTAL	18	52		88,066.67	1693.59	.021	4892.59	34.86
ACCOMMODATIONS	18	52		21,788.81	419.02	.021	1210.49	8.63

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	52	21,788.81	419.02	.021	1210.49	8.63
ANCILLARIES	18	0	66,277.86	.00	.000	3682.10	26.24
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	326	1,476	42,488.57	28.79	.584	130.33	16.82
MEDICAL	44	49	1,715.86	35.02	.019	39.00	.68
SURGERY	44	54	1,171.15	21.69	.021	26.62	.46
PATHOLOGY	132	453	5,637.33	12.44	.179	42.71	2.23
RADIOLOGY	103	152	12,793.51	84.17	.060	124.21	5.06
ROOM USE	229	337	12,587.03	37.35	.133	54.97	4.98
CROSSOVERS/ALL OTH OUTPTNT	139	431	8,583.69	19.92	.171	61.75	3.40
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	6	168	24,892.56	148.17	.067	4148.76	9.85
ICF DDH	6	168	24,892.56	148.17	.067	4148.76	9.85
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	2	42.38	21.19	.001	21.19	.02
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	2	2	42.38	21.19	.001	21.19	.02
@LABORATORY FACILITY	43	150	2,382.70	15.88	.059	55.41	.94
PATHOLOGY	43	150	2,382.70	15.88	.059	55.41	.94
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	91	216	13,087.92	60.59	.086	143.82	5.18
CLINIC	29	112	1,712.05	15.29	.044	59.04	.68
SURGICENTER	1	10	243.41	24.34	.004	243.41	.10
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	61	94	11,132.46	118.43	.037	182.50	4.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,144
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

						----- MONTHLY AVERAGE -----			
2,526 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	161	23,248	\$	50,106.84	\$ 2.16	9.203	\$ 311.22	\$ 19.84	
DURABLE MED. EQUIP.	15	38		7,317.16	192.56	.015	487.81	2.90	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	23	336		12,192.90	36.29	.133	530.13	4.83	
AMBULANCES/AIR TRANS	23	332		4,992.90	15.04	.131	217.08	1.98	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	4	4		7,200.00	1800.00	.002	1800.00	2.85	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.04	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	

OPTICIAN	17	36	298.96	8.30	.014	17.59	.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	8	990.90	123.86	.003	495.45	.39
PROSTHETICS	2	8	990.90	123.86	.003	495.45	.39
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	9	2,738.38	304.26	.004	684.60	1.08
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	80	6,203	21,584.85	3.48	2.456	269.81	8.55
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	27	16,617	4,878.69	.29	6.578	180.69	1.93
@CALIF. CHILDREN SERVICES*	91	7,863	\$ 128,247.62	\$ 16.31	3.113	\$ 1409.31	\$ 50.77

@XOVER EXCLUDING STATE HOSP** 1 2 \$ 36.80 \$ 18.40 .001 \$ 36.80 \$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,145
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00

MOP024
NEVADA COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,148
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,149
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	27	150	\$ 13,733.27	\$ 91.56	3.659	\$ 508.64	\$ 334.96
@PHYSICIANS SERVICES	9	28	\$ 2,455.01	\$ 87.68	.683	\$ 272.78	\$ 59.88
OUTPATIENT VISITS	6	9	572.30	63.59	.220	95.38	13.96
OFFICE VISITS	3	6	193.37	32.23	.146	64.46	4.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3	378.93	126.31	.073	126.31	9.24
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	7	280.49	40.07	.171	93.50	6.84
HOSPITAL VISITS	3	7	280.49	40.07	.171	93.50	6.84
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	3	1,324.73	441.58	.073	1324.73	32.31
PRINCIPAL SURGEON	1	2	1,138.23	569.12	.049	1138.23	27.76
ASSISTANT SURGEON	1	1	186.50	186.50	.024	186.50	4.55
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	9.12	9.12	.024	9.12	.22
PRINCIPAL SURGEON	1	1	9.12	9.12	.024	9.12	.22
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	3	6		135.11		22.52	.146	45.04	3.30
RADIOLOGY	1	1		25.18		25.18	.024	25.18	.61
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		108.08		108.08	.024	108.08	2.64
@PHARMACY	11	22	\$	1,927.23	\$	87.60	.537	\$ 175.20	\$ 47.01
PRESCRIPTION DRUGS	11	22		1,927.23		87.60	.537	175.20	47.01
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	11	22		1,927.23		87.60	.537	175.20	47.01
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,150
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						
				AID CODE 86	----- MONTHLY AVERAGE -----		
41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4 \$	90.30	\$ 22.58	.098	\$ 90.30	\$ 2.20
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.024	47.45	1.16
EYE APPLIANCES	1	3	42.85	14.28	.073	42.85	1.05
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	10 \$	615.42	\$ 61.54	.244	\$ 307.71	\$ 15.01
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	12	82 \$	8,516.07	\$ 103.85	2.000	\$ 709.67	\$ 207.71
HOSP INPATIENT TOTAL	2	8	6,485.06	810.63	.195	3242.53	158.17
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	8	6,485.06	810.63	.195	3242.53	158.17
ACCOMMODATIONS	2	8	2,767.36	345.92	.195	1383.68	67.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	2,767.36	345.92	.195	1383.68	67.50
ANCILLARIES	2	0	3,717.70	.00	.000	1858.85	90.68
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	74	2,031.01	27.45	1.805	184.64	49.54
MEDICAL	1	1	61.29	61.29	.024	61.29	1.49
SURGERY	1	1	58.34	58.34	.024	58.34	1.42
PATHOLOGY	6	11	166.62	15.15	.268	27.77	4.06
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	7	14	463.87	33.13	.341	66.27	11.31
CROSSOVERS/ALL OTH OUTPTNT	8	47	1,280.89	27.25	1.146	160.11	31.24
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,151
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						
				AID CODE 86			
					----- MONTHLY AVERAGE -----		
41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12	82	\$ 8,516.07	\$ 103.85	2.000	\$ 709.67	\$ 207.71
COMM HOSP INPATIENT TOTAL	2	8	6,485.06	810.63	.195	3242.53	158.17
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	8	6,485.06	810.63	.195	3242.53	158.17
ACCOMMODATIONS	2	8	2,767.36	345.92	.195	1383.68	67.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	2,767.36	345.92	.195	1383.68	67.50
ANCILLARIES	2	0	3,717.70	.00	.000	1858.85	90.68
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	74	2,031.01	27.45	1.805	184.64	49.54
MEDICAL	1	1	61.29	61.29	.024	61.29	1.49
SURGERY	1	1	58.34	58.34	.024	58.34	1.42
PATHOLOGY	6	11	166.62	15.15	.268	27.77	4.06
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	7	14	463.87	33.13	.341	66.27	11.31
CROSSOVERS/ALL OTH OUTPTNT	8	47	1,280.89	27.25	1.146	160.11	31.24
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 7.60	\$ 7.60	.024	\$ 7.60	\$.19
PATHOLOGY	1	1	7.60	7.60	.024	7.60	.19
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	3	\$ 121.64	\$ 40.55	.073	\$ 60.82	\$ 2.97
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.024	105.00	2.56
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.049	16.64	.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	27	150	\$ 13,733.27	\$ 91.56	3.659	\$ 508.64	\$ 334.96
@PHYSICIANS SERVICES	9	28	\$ 2,455.01	\$ 87.68	.683	\$ 272.78	\$ 59.88
OUTPATIENT VISITS	6	9	572.30	63.59	.220	95.38	13.96
OFFICE VISITS	3	6	193.37	32.23	.146	64.46	4.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3	378.93	126.31	.073	126.31	9.24
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	7	280.49	40.07	.171	93.50	6.84
HOSPITAL VISITS	3	7	280.49	40.07	.171	93.50	6.84
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	3		1,324.73	441.58	.073	1324.73	32.31
PRINCIPAL SURGEON	1	2		1,138.23	569.12	.049	1138.23	27.76
ASSISTANT SURGEON	1	1		186.50	186.50	.024	186.50	4.55
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		9.12	9.12	.024	9.12	.22
PRINCIPAL SURGEON	1	1		9.12	9.12	.024	9.12	.22
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	6		135.11	22.52	.146	45.04	3.30
RADIOLOGY	1	1		25.18	25.18	.024	25.18	.61
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		108.08	108.08	.024	108.08	2.64
@PHARMACY	11	22	\$	1,927.23	\$ 87.60	.537	\$ 175.20	\$ 47.01
PRESCRIPTION DRUGS	11	22		1,927.23	87.60	.537	175.20	47.01
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	11	22		1,927.23	87.60	.537	175.20	47.01
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,154
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.098	\$ 90.30	\$ 2.20
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.024	47.45	1.16
EYE APPLIANCES	1	3	42.85	14.28	.073	42.85	1.05
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	2	10	\$ 615.42	\$ 61.54	.244	\$ 307.71	\$ 15.01
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	12	82	\$ 8,516.07	\$ 103.85	2.000	\$ 709.67	\$ 207.71

HOSP INPATIENT TOTAL	2	8	6,485.06	810.63	.195	3242.53	158.17
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	8	6,485.06	810.63	.195	3242.53	158.17
ACCOMMODATIONS	2	8	2,767.36	345.92	.195	1383.68	67.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	2,767.36	345.92	.195	1383.68	67.50
ANCILLARIES	2	0	3,717.70	.00	.000	1858.85	90.68
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	74	2,031.01	27.45	1.805	184.64	49.54
MEDICAL	1	1	61.29	61.29	.024	61.29	1.49
SURGERY	1	1	58.34	58.34	.024	58.34	1.42
PATHOLOGY	6	11	166.62	15.15	.268	27.77	4.06
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	7	14	463.87	33.13	.341	66.27	11.31

CROSSEOVERS/ALL OTH OUTPTNT	8	47		1,280.89		27.25	1.146	160.11	31.24
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,155
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	12	82	\$ 8,516.07	\$ 103.85	2.000	\$ 709.67	\$ 207.71	
COMM HOSP INPATIENT TOTAL	2	8	6,485.06	810.63	.195	3242.53	158.17	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	2	8	6,485.06	810.63	.195	3242.53	158.17	
ACCOMMODATIONS	2	8	2,767.36	345.92	.195	1383.68	67.50	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	2	8	2,767.36	345.92	.195	1383.68	67.50	
ANCILLARIES	2	0	3,717.70	.00	.000	1858.85	90.68	
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	11	74	2,031.01	27.45	1.805	184.64	49.54	
MEDICAL	1	1	61.29	61.29	.024	61.29	1.49	
SURGERY	1	1	58.34	58.34	.024	58.34	1.42	
PATHOLOGY	6	11	166.62	15.15	.268	27.77	4.06	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	7	14	463.87	33.13	.341	66.27	11.31	
CROSSEOVERS/ALL OTH OUTPTNT	8	47	1,280.89	27.25	1.146	160.11	31.24	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	7.60	\$	7.60	.024	\$	7.60	\$	.19
PATHOLOGY	1	1		7.60		7.60	.024		7.60		.19
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

PAGE 9,156
01/29/04

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	3	\$ 121.64	\$ 40.55	.073	\$ 60.82	\$ 2.97
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.024	105.00	2.56
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.049	16.64	.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIA - SOC - LTC	PAGE 9,157 01/29/04
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39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	52	1,348	\$ 106,739.84	\$ 79.18	34.564	\$ 2052.69	\$ 2736.92
@PHYSICIANS SERVICES	13	42	\$ 1,759.71	\$ 41.90	1.077	\$ 135.36	\$ 45.12
OUTPATIENT VISITS	5	22	1,121.73	50.99	.564	224.35	28.76
OFFICE VISITS	3	7	175.50	25.07	.179	58.50	4.50

HOME VISITS	0	0		.00		.00		.000		.00		.00
EMERGENCY ROOM	3	15		946.23		63.08		.385		315.41		24.26
PREVENTIVE CARE	0	0		.00		.00		.000		.00		.00
OB VISITS/COMPRI PERI	0	0		.00		.00		.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00		.000		.00		.00
INPATIENT VISITS	4	7		205.80		29.40		.179		51.45		5.28
HOSPITAL VISITS	0	0		.00		.00		.000		.00		.00
CRITICAL CARE	0	0		.00		.00		.000		.00		.00
SNF/ICF/TRANS IP CARE	4	7		205.80		29.40		.179		51.45		5.28
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00		.000		.00		.00
EXAMINATIONS	0	0		.00		.00		.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00		.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00		.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00		.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00		.000		.00		.00
OUTPATIENT SURGERY	2	3		285.93		95.31		.077		142.97		7.33
PRINCIPAL SURGEON	2	3		285.93		95.31		.077		142.97		7.33
ASSISTANT SURGEON	0	0		.00		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00		.000		.00		.00
DIALYSIS	0	0		.00		.00		.000		.00		.00
PATHOLOGY	0	0		.00		.00		.000		.00		.00
RADIOLOGY	6	9		108.56		12.06		.231		18.09		2.78
PSYCHIATRY	0	0		.00		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00		.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		37.69		37.69		.026		37.69		.97
@PHARMACY	36	236	\$	10,966.15	\$	46.47		6.051	\$	304.62	\$	281.18
PRESCRIPTION DRUGS	35	217		10,591.58		48.81		5.564		302.62		271.58
SNF/ICF	26	173		8,594.68		49.68		4.436		330.56		220.38
OUTPATIENTS	10	44		1,996.90		45.38		1.128		199.69		51.20
MEDICAL SUPPLIES	6	19		374.57		19.71		.487		62.43		9.60
@DENTIST	0	0	\$	.00	\$	.00		.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00		.000		.00		.00
ORAL SURGERY	0	0		.00		.00		.000		.00		.00
DRUGS	0	0		.00		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.00		.000		.00		.00
PERIODONTICS	0	0		.00		.00		.000		.00		.00
ENDODONTICS	0	0		.00		.00		.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00		.000		.00		.00
PROSTHETICS	0	0		.00		.00		.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00		.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00		.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00		.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

PAGE 9,158 01/29/04

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	2 \$	68.76	\$ 34.38	.051	\$ 68.76	\$ 1.76
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.026	47.45	1.22
EYE APPLIANCES	1	1	21.31	21.31	.026	21.31	.55
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	88	\$ 1,588.77	\$ 18.05	2.256	\$ 226.97	\$ 40.74
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	88	1,588.77	18.05	2.256	226.97	40.74
MEDICAL	2	2	42.95	21.48	.051	21.48	1.10
SURGERY	2	3	64.77	21.59	.077	32.39	1.66
PATHOLOGY	4	38	450.03	11.84	.974	112.51	11.54
RADIOLOGY	4	5	215.64	43.13	.128	53.91	5.53
ROOM USE	4	13	456.91	35.15	.333	114.23	11.72
CROSSOVERS/ALL OTH OUTPTNT	5	27	358.47	13.28	.692	71.69	9.19
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,159
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

	39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	88	\$ 1,588.77	\$ 18.05	2.256	\$ 226.97	\$ 40.74	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	88		1,588.77	18.05	2.256	226.97	40.74
MEDICAL	2	2		42.95	21.48	.051	21.48	1.10
SURGERY	2	3		64.77	21.59	.077	32.39	1.66
PATHOLOGY	4	38		450.03	11.84	.974	112.51	11.54
RADIOLOGY	4	5		215.64	43.13	.128	53.91	5.53
ROOM USE	4	13		456.91	35.15	.333	114.23	11.72
CROSSOVERS/ALL OTH OUTPTNT	5	27		358.47	13.28	.692	71.69	9.19
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	25	779	\$	88,717.38	\$ 113.89	19.974	\$ 3548.70	\$ 2274.80
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	25	779		88,717.38	113.89	19.974	3548.70	2274.80	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	2	17	\$	356.45	\$ 20.97	.436	\$ 178.23	\$ 9.14	
HOSPITAL BASED	2	17		356.45	20.97	.436	178.23	9.14	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	6	29	\$	216.59	\$ 7.47	.744	\$ 36.10	\$ 5.55	
PATHOLOGY	6	29		216.59	7.47	.744	36.10	5.55	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,160
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC								AID CODE 53

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	155	\$ 3,066.03	\$ 19.78	3.974	\$ 255.50	\$ 78.62
DURABLE MED. EQUIP.	3	31	1,208.79	38.99	.795	402.93	30.99
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	100	965.47	9.65	2.564	137.92	24.76
AMBULANCES/AIR TRANS	3	5	482.68	96.54	.128	160.89	12.38
OTHER TRANS	4	95	482.79	5.08	2.436	120.70	12.38
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	3	19	279.25	14.70	.487	93.08	7.16
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	5	612.52	122.50	.128	153.13	15.71
PROSTHETICS	4	5	612.52	122.50	.128	153.13	15.71
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	17	\$ 6,027.08	\$ 354.53	.436	\$ 1205.42	\$ 154.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000		\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000		\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000		\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

	0	OR DAYS OF CARE	0	\$	.00	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
HSC HOSPITALS	0		0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00	.00
ANCILLARIES	0		0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
MEDICAL	0		0		.00	.00	.000	.00	.00
SURGERY	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
ROOM USE	0		0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0		0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0		.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
LEV B-REGULAR	0		0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00	.00	.000	.00	.00
ICF DD	0		0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0		0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0		0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0		0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
XO AND OTHERS	0		0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00	.00	.000	.00	.00
SURGICENTER	0		0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0		0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0		0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV									
MOP024									
NEVADA COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

PAGE 9,164
 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,165
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	52	1,348	\$ 106,739.84	\$ 79.18	34.564	\$ 2052.69	\$ 2736.92
@PHYSICIANS SERVICES	13	42	\$ 1,759.71	\$ 41.90	1.077	\$ 135.36	\$ 45.12
OUTPATIENT VISITS	5	22	1,121.73	50.99	.564	224.35	28.76
OFFICE VISITS	3	7	175.50	25.07	.179	58.50	4.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	15	946.23	63.08	.385	315.41	24.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	7	205.80	29.40	.179	51.45	5.28
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	7	205.80	29.40	.179	51.45	5.28
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	3	285.93	95.31	.077	142.97	7.33
PRINCIPAL SURGEON	2	3	285.93	95.31	.077	142.97	7.33
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	6	9	108.56	12.06	.231	18.09	2.78
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	37.69	37.69	.026	37.69	.97
@PHARMACY	36	236	\$ 10,966.15	\$ 46.47	6.051	\$ 304.62	\$ 281.18
PRESCRIPTION DRUGS	35	217	10,591.58	48.81	5.564	302.62	271.58
SNF/ICF	26	173	8,594.68	49.68	4.436	330.56	220.38
OUTPATIENTS	10	44	1,996.90	45.38	1.128	199.69	51.20
MEDICAL SUPPLIES	6	19	374.57	19.71	.487	62.43	9.60
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,166
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	2	\$ 68.76	\$ 34.38	.051	\$ 68.76	\$ 1.76
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.026	47.45	1.22
EYE APPLIANCES	1	1	21.31	21.31	.026	21.31	.55
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	88	\$ 1,588.77	\$ 18.05	2.256	\$ 226.97	\$ 40.74
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	88	1,588.77	18.05	2.256	226.97	40.74
MEDICAL	2	2	42.95	21.48	.051	21.48	1.10
SURGERY	2	3	64.77	21.59	.077	32.39	1.66
PATHOLOGY	4	38	450.03	11.84	.974	112.51	11.54
RADIOLOGY	4	5	215.64	43.13	.128	53.91	5.53
ROOM USE	4	13	456.91	35.15	.333	114.23	11.72
CROSSOVERS/ALL OTH OUTPTNT	5	27	358.47	13.28	.692	71.69	9.19
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,167
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	88	\$ 1,588.77	\$ 18.05	2.256	\$ 226.97	\$ 40.74
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	88	1,588.77	18.05	2.256	226.97	40.74
MEDICAL	2	2	42.95	21.48	.051	21.48	1.10
SURGERY	2	3	64.77	21.59	.077	32.39	1.66
PATHOLOGY	4	38	450.03	11.84	.974	112.51	11.54
RADIOLOGY	4	5	215.64	43.13	.128	53.91	5.53
ROOM USE	4	13	456.91	35.15	.333	114.23	11.72
CROSSOVERS/ALL OTH OUTPTNT	5	27	358.47	13.28	.692	71.69	9.19
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	25	779	\$ 88,717.38	\$ 113.89	19.974	\$ 3548.70	\$ 2274.80
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	25	779	88,717.38	113.89	19.974	3548.70	2274.80
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	17	\$ 356.45	\$ 20.97	.436	\$ 178.23	\$ 9.14
HOSPITAL BASED	2	17	356.45	20.97	.436	178.23	9.14
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	29	\$ 216.59	\$ 7.47	.744	\$ 36.10	\$ 5.55
PATHOLOGY	6	29	216.59	7.47	.744	36.10	5.55
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,168
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS COST PER PER ELIG USER	----- COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	155	\$ 3,066.03	\$ 19.78	3.974	\$ 255.50 \$ 78.62
DURABLE MED. EQUIP.	3	31	1,208.79	38.99	.795	402.93 30.99
BLOOD BANK	0	0	.00	.00	.000	.00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00 .00
MEDICAL TRANSPORTATION	7	100	965.47	9.65	2.564	137.92 24.76
AMBULANCES/AIR TRANS	3	5	482.68	96.54	.128	160.89 12.38
OTHER TRANS	4	95	482.79	5.08	2.436	120.70 12.38
OTHER SERVICES	0	0	.00	.00	.000	.00 .00
ACUPUNCTURE	0	0	.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00 .00
OPTICIAN	0	0	.00	.00	.000	.00 .00
PHYSICAL THERAPIST	3	19	279.25	14.70	.487	93.08 7.16
PORTABLE X-RAY	0	0	.00	.00	.000	.00 .00
PROSTHETIST/ORTHOTISTS	4	5	612.52	122.50	.128	153.13 15.71
PROSTHETICS	4	5	612.52	122.50	.128	153.13 15.71
ORTHOTICS	0	0	.00	.00	.000	.00 .00
PSYCHOLOGIST	0	0	.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00 .00
HOSPICE SERVICES	0	0	.00	.00	.000	.00 .00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00 .00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00 .00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00 .00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00 .00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00 .00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	5	17	\$ 6,027.08	\$ 354.53	.436	\$ 1205.42 \$ 154.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,169
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 NEVADA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS COST PER PER ELIG USER	----- COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00 \$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00 .00
OFFICE VISITS	0	0	.00	.00	.000	.00 .00
HOME VISITS	0	0	.00	.00	.000	.00 .00
EMERGENCY ROOM	0	0	.00	.00	.000	.00 .00
PREVENTIVE CARE	0	0	.00	.00	.000	.00 .00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00 .00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00 .00
INPATIENT VISITS	0	0	.00	.00	.000	.00 .00
HOSPITAL VISITS	0	0	.00	.00	.000	.00 .00
CRITICAL CARE	0	0	.00	.00	.000	.00 .00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00 .00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00 .00
EXAMINATIONS	0	0	.00	.00	.000	.00 .00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00 .00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00 .00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00 .00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,170
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,171
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,172
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,173
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL	

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	79	1,498	\$ 120,473.11	\$ 80.42	18.725	\$ 1524.98	\$ 1505.91
@PHYSICIANS SERVICES	22	70	\$ 4,214.72	\$ 60.21	.875	\$ 191.58	\$ 52.68
OUTPATIENT VISITS	11	31	1,694.03	54.65	.388	154.00	21.18
OFFICE VISITS	6	13	368.87	28.37	.163	61.48	4.61
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	15	946.23	63.08	.188	315.41	11.83
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3	378.93	126.31	.038	126.31	4.74

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	7	14		486.29	34.74	.175	69.47	6.08
HOSPITAL VISITS	3	7		280.49	40.07	.088	93.50	3.51
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	7		205.80	29.40	.088	51.45	2.57
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	3		1,324.73	441.58	.038	1324.73	16.56
PRINCIPAL SURGEON	1	2		1,138.23	569.12	.025	1138.23	14.23
ASSISTANT SURGEON	1	1		186.50	186.50	.013	186.50	2.33
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	4		295.05	73.76	.050	98.35	3.69
PRINCIPAL SURGEON	3	4		295.05	73.76	.050	98.35	3.69
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	6		135.11	22.52	.075	45.04	1.69
RADIOLOGY	7	10		133.74	13.37	.125	19.11	1.67
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2		145.77	72.89	.025	72.89	1.82
@PHARMACY	47	258	\$	12,893.38	\$ 49.97	3.225	\$ 274.33	\$ 161.17
PRESCRIPTION DRUGS	46	239		12,518.81	52.38	2.988	272.15	156.49
SNF/ICF	26	173		8,594.68	49.68	2.163	330.56	107.43
OUTPATIENTS	21	66		3,924.13	59.46	.825	186.86	49.05
MEDICAL SUPPLIES	6	19		374.57	19.71	.238	62.43	4.68
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

PAGE 9,174 01/29/04

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	6	\$ 159.06	\$ 26.51	.075	\$ 79.53	\$ 1.99
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.025	47.45	1.19
EYE APPLIANCES	2	4	64.16	16.04	.050	32.08	.80
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	2	10	\$	615.42	\$	61.54	.125	\$	307.71	\$	7.69
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	19	170	\$	10,104.84	\$	59.44	2.125	\$	531.83	\$	126.31
HOSP INPATIENT TOTAL	2	8		6,485.06		810.63	.100		3242.53		81.06
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	8		6,485.06		810.63	.100		3242.53		81.06
ACCOMMODATIONS	2	8		2,767.36		345.92	.100		1383.68		34.59
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	8		2,767.36		345.92	.100		1383.68		34.59
ANCILLARIES	2	0		3,717.70		.00	.000		1858.85		46.47
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	18	162		3,619.78	22.34	2.025	201.10	45.25	
MEDICAL	3	3		104.24	34.75	.038	34.75	1.30	
SURGERY	3	4		123.11	30.78	.050	41.04	1.54	
PATHOLOGY	10	49		616.65	12.58	.613	61.67	7.71	
RADIOLOGY	4	5		215.64	43.13	.063	53.91	2.70	
ROOM USE	11	27		920.78	34.10	.338	83.71	11.51	
CROSSOVERS/ALL OTH OUTPTNT	13	74		1,639.36	22.15	.925	126.10	20.49	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,175
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL								

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	170	\$ 10,104.84	\$ 59.44	2.125	\$ 531.83	\$ 126.31
COMM HOSP INPATIENT TOTAL	2	8	6,485.06	810.63	.100	3242.53	81.06
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	8	6,485.06	810.63	.100	3242.53	81.06
ACCOMMODATIONS	2	8	2,767.36	345.92	.100	1383.68	34.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	2,767.36	345.92	.100	1383.68	34.59
ANCILLARIES	2	0	3,717.70	.00	.000	1858.85	46.47
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	18	162	3,619.78	22.34	2.025	201.10	45.25
MEDICAL	3	3	104.24	34.75	.038	34.75	1.30
SURGERY	3	4	123.11	30.78	.050	41.04	1.54
PATHOLOGY	10	49	616.65	12.58	.613	61.67	7.71
RADIOLOGY	4	5	215.64	43.13	.063	53.91	2.70
ROOM USE	11	27	920.78	34.10	.338	83.71	11.51
CROSSOVERS/ALL OTH OUTPTNT	13	74	1,639.36	22.15	.925	126.10	20.49
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	25	779	\$ 88,717.38	\$ 113.89	9.738	\$ 3548.70	\$ 1108.97
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	25	779	88,717.38	113.89	9.738	3548.70	1108.97
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.000		.00		.00
ICF DD	0	0		.00		.000		.00		.00
ICF DDN/DDCN	0	0		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00		.00
@REHABILITATION FACILITY	2	17	\$	356.45	\$	.213	\$	178.23	\$	4.46
HOSPITAL BASED	2	17		356.45		.213		178.23		4.46
INDEPENDENT FACILITY	0	0		.00		.000		.00		.00
@LABORATORY FACILITY	7	30	\$	224.19	\$	.375	\$	32.03	\$	2.80
PATHOLOGY	7	30		224.19		.375		32.03		2.80
XO AND OTHERS	0	0		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.000		.00		.00
SURGICENTER	0	0		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
MOP024	FEE-FOR-SERVICE/DENTAL									
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL									

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80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	14	158	\$ 3,187.67	\$ 20.18	1.975	\$ 227.69	\$ 39.85
DURABLE MED. EQUIP.	3	31	1,208.79	38.99	.388	402.93	15.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	100	965.47	9.65	1.250	137.92	12.07
AMBULANCES/AIR TRANS	3	5	482.68	96.54	.063	160.89	6.03
OTHER TRANS	4	95	482.79	5.08	1.188	120.70	6.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.013	105.00	1.31
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.025	16.64	.21
PHYSICAL THERAPIST	3	19	279.25	14.70	.238	93.08	3.49
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	5	612.52	122.50	.063	153.13	7.66
PROSTHETICS	4	5	612.52	122.50	.063	153.13	7.66
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	17	\$ 6,027.08	\$ 354.53	.213	\$ 1205.42	\$ 75.34

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,177
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR ALL AGED	

----- MONTHLY AVERAGE -----

10,203 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,598	194,126	\$ 11,990,251.23	\$ 61.77	19.026	\$ 1394.54	\$ 1175.17
@PHYSICIANS SERVICES	1,238	4,542	\$ 72,122.73	\$ 15.88	.445	\$ 58.26	\$ 7.07
OUTPATIENT VISITS	22	30	1,435.66	47.86	.003	65.26	.14
OFFICE VISITS	15	16	526.80	32.93	.002	35.12	.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	14	908.86	64.92	.001	100.98	.09
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	17	35	1,971.60	56.33	.003	115.98	.19
HOSPITAL VISITS	7	18	812.10	45.12	.002	116.01	.08
CRITICAL CARE	4	8	912.00	114.00	.001	228.00	.09
SNF/ICF/TRANS IP CARE	9	9	247.50	27.50	.001	27.50	.02
OPHTHALMOLOGICAL SERVICES	3	3	173.37	57.79	.000	57.79	.02
EXAMINATIONS	3	3	173.37	57.79	.000	57.79	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	94	8,971.94	95.45	.009	815.63	.88
PRINCIPAL SURGEON	9	14	6,607.96	472.00	.001	734.22	.65
ASSISTANT SURGEON	2	2	518.61	259.31	.000	259.31	.05
ANESTHESIOLOGIST	4	78	1,845.37	23.66	.008	461.34	.18
OUTPATIENT SURGERY	2	2	2,010.42	1005.21	.000	1005.21	.20
PRINCIPAL SURGEON	2	2	2,010.42	1005.21	.000	1005.21	.20
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	25	160.09	6.40	.002	17.79	.02
RADIOLOGY	23	50	926.77	18.54	.005	40.29	.09
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3	18.18	6.06	.000	6.06	.00
OTHER SERVICES/ALL X-OVERS	1,193	4,300	56,454.70	13.13	.421	47.32	5.53
@PHARMACY	7,251	86,620	\$ 2,227,342.88	\$ 25.71	8.490	\$ 307.18	\$ 218.30
PRESCRIPTION DRUGS	7,195	38,328	2,188,726.39	57.11	3.757	304.20	214.52
SNF/ICF	2,535	18,587	915,850.27	49.27	1.822	361.28	89.76
OUTPATIENTS	4,767	19,741	1,272,876.12	64.48	1.935	267.02	124.76
MEDICAL SUPPLIES	431	48,292	38,616.49	.80	4.733	89.60	3.78
@DENTIST	283	846	\$ 45,844.80	\$ 54.19	.083	\$ 162.00	\$ 4.49
VISITS - DIAGNOSTIC	201	447	7,613.80	17.03	.044	37.88	.75
ORAL SURGERY	48	130	5,253.00	40.41	.013	109.44	.51
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.000	118.00	.01
ENDODONTICS	4	4	950.00	237.50	.000	237.50	.09
RESTORATIVE DENTISTRY	54	113	9,882.00	87.45	.011	183.00	.97
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	51	141	21,968.00	155.80	.014	430.75	2.15
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	9	8	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,178
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR ALL AGED						

10,203 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	90	233	\$ 4,429.60	\$ 19.01	.023	\$ 49.22	\$.43
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.000	47.45	.02

EYE APPLIANCES	72	193		3,357.61	17.40	.019	46.63	.33
OTHER OPTOMETRIC SERVICES	23	36		882.19	24.51	.004	38.36	.09
@CHIROPRACTOR	5	8	\$	130.34	\$ 16.29	.001	\$ 26.07	\$.01
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	5	8		130.34	16.29	.001	26.07	.01
@PODIATRIST	357	395	\$	3,633.59	\$ 9.20	.039	\$ 10.18	\$.36
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	357	395		3,633.59	9.20	.039	10.18	.36
@HOME HEALTH AGENCY	1	6	\$	419.06	\$ 69.84	.001	\$ 419.06	\$.04
NURSE ANESTHESIST	5	64	\$	155.21	\$ 2.43	.006	\$ 31.04	\$.02
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	7	8	\$	156.60	\$ 19.58	.001	\$ 22.37	\$.02
@TOTAL HOSPITAL	766	3,554	\$	250,027.07	\$ 70.35	.348	\$ 326.41	\$ 24.51
HOSP INPATIENT TOTAL	210	684		191,718.32	280.29	.067	912.94	18.79
HSC HOSPITALS	2	12		10,482.82	873.57	.001	5241.41	1.03
NON-HSC HOSPITAL TOTAL	5	9		25,727.91	2858.66	.001	5145.58	2.52
ACCOMMODATIONS	5	9		4,054.79	450.53	.001	810.96	.40
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	9		4,054.79	450.53	.001	810.96	.40
ANCILLARIES	5	0		21,673.12	.00	.000	4334.62	2.12
INPATIENT CROSSOVERS	203	663		155,507.59	234.55	.065	766.05	15.24
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	577	2,870		58,308.75	20.32	.281	101.06	5.71
MEDICAL	15	20		938.43	46.92	.002	62.56	.09
SURGERY	1	1		177.02	177.02	.000	177.02	.02
PATHOLOGY	37	150		1,674.58	11.16	.015	45.26	.16
RADIOLOGY	10	12		700.71	58.39	.001	70.07	.07
ROOM USE	16	25		943.68	37.75	.002	58.98	.09
CROSSOVERS/ALL OTH OUTPTNT	538	2,662		53,874.33	20.24	.261	100.14	5.28
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
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	10,203 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	766	3,554	\$	250,027.07	\$ 70.35	.348	\$ 326.41	\$ 24.51
COMM HOSP INPATIENT TOTAL	210	684		191,718.32	280.29	.067	912.94	18.79
HSC HOSPITALS	2	12		10,482.82	873.57	.001	5241.41	1.03

NON-HSC HOSPITALS TOTAL	5	9	25,727.91	2858.66	.001	5145.58	2.52
ACCOMMODATIONS	5	9	4,054.79	450.53	.001	810.96	.40
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	9	4,054.79	450.53	.001	810.96	.40
ANCILLARIES	5	0	21,673.12	.00	.000	4334.62	2.12
INPATIENT CROSSOVERS	203	663	155,507.59	234.55	.065	766.05	15.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	577	2,870	58,308.75	20.32	.281	101.06	5.71
MEDICAL	15	20	938.43	46.92	.002	62.56	.09
SURGERY	1	1	177.02	177.02	.000	177.02	.02
PATHOLOGY	37	150	1,674.58	11.16	.015	45.26	.16
RADIOLOGY	10	12	700.71	58.39	.001	70.07	.07
ROOM USE	16	25	943.68	37.75	.002	58.98	.09
CROSSOVERS/ALL OTH OUTPTNT	538	2,662	53,874.33	20.24	.261	100.14	5.28
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,791	85,396	\$ 8,930,700.43	\$ 104.58	8.370	\$ 3199.82	\$ 875.30
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,791	85,396	8,930,700.43	104.58	8.370	3199.82	875.30
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	25	36	\$ 13,704.61	\$ 380.68	.004	\$ 548.18	\$ 1.34
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	25	36	13,704.61	380.68	.004	548.18	1.34
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	15	\$ 115.75	\$ 7.72	.001	\$ 23.15	\$.01
PATHOLOGY	1	5	53.61	10.72	.000	53.61	.01
XO AND OTHERS	4	10	62.14	6.21	.001	15.54	.01
@ORGANIZED OUTPATIENT CLINIC	168	291	\$ 30,377.93	\$ 104.39	.029	\$ 180.82	\$ 2.98
CLINIC	1	1	22.41	22.41	.000	22.41	.00
SURGICENTER	3	4	500.21	125.05	.000	166.74	.05
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	164	286	29,855.31	104.39	.028	182.04	2.93
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10,203 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,003	12,112	\$ 411,090.63	\$ 33.94	1.187	\$ 409.86	\$ 40.29
DURABLE MED. EQUIP.	33	190	16,051.94	84.48	.019	486.42	1.57
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	54	66	16,087.24	243.75	.006	297.91	1.58
MEDICAL TRANSPORTATION	60	852	3,411.05	4.00	.084	56.85	.33
AMBULANCES/AIR TRANS	10	72	851.96	11.83	.007	85.20	.08
OTHER TRANS	38	759	2,231.32	2.94	.074	58.72	.22
OTHER SERVICES	13	21	327.77	15.61	.002	25.21	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	160	2,119	146,695.08	69.23	.208	916.84	14.38
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	139	291	3,584.72	12.32	.029	25.79	.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	60	117	178.46	1.53	.011	2.97	.02
PROSTHETIST/ORTHOTISTS	34	81	2,294.20	28.32	.008	67.48	.22
PROSTHETICS	34	81	2,294.20	28.32	.008	67.48	.22
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	12.01	12.01	.000	12.01	.00
SPEECH AND AUDIOLOGY	18	22	4,461.41	202.79	.002	247.86	.44
HOSPICE SERVICES	52	1,653	183,400.51	110.95	.162	3526.93	17.98
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	447	6,720		34,914.01		5.20	.659	78.11	3.42
@CALIF. CHILDREN SERVICES*	2	8	\$	101.76	\$	12.72	.001	\$ 50.88	\$.01
@XOVER EXCLUDING STATE HOSP**	2,792	20,830	\$	507,372.20	\$	24.36	2.042	\$ 181.72	\$ 49.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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NEVADA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

766 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	590	31,358	\$ 701,285.87	\$ 22.36	40.937	\$ 1188.62	\$ 915.52
@PHYSICIANS SERVICES	178	983	\$ 19,385.47	\$ 19.72	1.283	\$ 108.91	\$ 25.31
OUTPATIENT VISITS	66	93	3,178.46	34.18	.121	48.16	4.15
OFFICE VISITS	42	60	1,602.92	26.72	.078	38.16	2.09
HOME VISITS	1	1	80.10	80.10	.001	80.10	.10
EMERGENCY ROOM	23	27	1,303.67	48.28	.035	56.68	1.70
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	191.77	38.35	.007	38.35	.25
INPATIENT VISITS	12	82	6,176.94	75.33	.107	514.75	8.06
HOSPITAL VISITS	7	14	712.78	50.91	.018	101.83	.93
CRITICAL CARE	1	31	4,317.56	139.28	.040	4317.56	5.64
SNF/ICF/TRANS IP CARE	5	37	1,146.60	30.99	.048	229.32	1.50
OPHTHALMOLOGICAL SERVICES	3	3	99.04	33.01	.004	33.01	.13
EXAMINATIONS	3	3	99.04	33.01	.004	33.01	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	13	1,180.14	90.78	.017	393.38	1.54
PRINCIPAL SURGEON	2	5	979.52	195.90	.007	489.76	1.28
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	200.62	25.08	.010	200.62	.26
OUTPATIENT SURGERY	8	22	742.10	33.73	.029	92.76	.97
PRINCIPAL SURGEON	7	7	300.43	42.92	.009	42.92	.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	15	441.67	29.44	.020	220.84	.58
DIALYSIS	11	13	2,757.08	212.08	.017	250.64	3.60
PATHOLOGY	14	17	225.55	13.27	.022	16.11	.29
RADIOLOGY	22	82	1,186.68	14.47	.107	53.94	1.55
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.001	13.76	.02
OTHER SERVICES/ALL X-OVERS	99	657	3,825.72	5.82	.858	38.64	4.99
@PHARMACY	458	8,875	\$ 237,606.96	\$ 26.77	11.586	\$ 518.79	\$ 310.19
PRESCRIPTION DRUGS	449	2,412	233,343.90	96.74	3.149	519.70	304.63
SNF/ICF	67	543	26,971.75	49.67	.709	402.56	35.21
OUTPATIENTS	383	1,869	206,372.15	110.42	2.440	538.83	269.42
MEDICAL SUPPLIES	47	6,463	4,263.06	.66	8.437	90.70	5.57
@DENTIST	33	110	\$ 5,024.00	\$ 45.67	.144	\$ 152.24	\$ 6.56
VISITS - DIAGNOSTIC	20	65	1,226.00	18.86	.085	61.30	1.60
ORAL SURGERY	4	16	1,036.00	64.75	.021	259.00	1.35
DRUGS	1	2	.00	.00	.003	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.13
PERIODONTICS	2	2	255.00	127.50	.003	127.50	.33
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	10	15	1,392.00	92.80	.020	139.20	1.82
PROSTHETICS	1	1	50.00	50.00	.001	50.00	.07
DENTURES, STAYPLATES	2	4	965.00	241.25	.005	482.50	1.26
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	4	.00	.00	.005	.00	.00

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NEVADA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

766 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	18	\$ 1,927.34	\$ 107.07	.023	\$ 275.33	\$ 2.52
DIAGNOSTIC AND ANC. PROCED	3	3	170.01	56.67	.004	56.67	.22
EYE APPLIANCES	5	13	1,721.92	132.46	.017	344.38	2.25
OTHER OPTOMETRIC SERVICES	2	2	35.41	17.71	.003	17.71	.05
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	16	20	\$ 274.79	\$ 13.74	.026	\$ 17.17	\$.36
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	16	20	274.79	13.74	.026	17.17	.36
@HOME HEALTH AGENCY	9	805	\$ 24,063.85	\$ 29.89	1.051	\$ 2673.76	\$ 31.41
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	121	501	\$ 69,094.89	\$ 137.91	.654	\$ 571.03	\$ 90.20
HOSP INPATIENT TOTAL	18	107	56,424.02	527.33	.140	3134.67	73.66
HSC HOSPITALS	2	33	44,230.00	1340.30	.043	22115.00	57.74
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	16	74	12,194.02	164.78	.097	762.13	15.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	104	394	12,670.87	32.16	.514	121.84	16.54
MEDICAL	10	12	415.28	34.61	.016	41.53	.54
SURGERY	7	7	237.17	33.88	.009	33.88	.31
PATHOLOGY	38	120	1,569.48	13.08	.157	41.30	2.05
RADIOLOGY	15	20	3,333.16	166.66	.026	222.21	4.35
ROOM USE	37	41	1,712.67	41.77	.054	46.29	2.24
CROSSOVERS/ALL OTH OUTPTNT	52	194	5,403.11	27.85	.253	103.91	7.05
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

766 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	121	501	\$ 69,094.89	\$ 137.91	.654		\$ 571.03	\$ 90.20
COMM HOSP INPATIENT TOTAL	18	107	56,424.02	527.33	.140		3134.67	73.66
HSC HOSPITALS	2	33	44,230.00	1340.30	.043		22115.00	57.74
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	16	74	12,194.02	164.78	.097		762.13	15.92
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	104	394	12,670.87	32.16	.514		121.84	16.54
MEDICAL	10	12	415.28	34.61	.016		41.53	.54
SURGERY	7	7	237.17	33.88	.009		33.88	.31
PATHOLOGY	38	120	1,569.48	13.08	.157		41.30	2.05
RADIOLOGY	15	20	3,333.16	166.66	.026		222.21	4.35
ROOM USE	37	41	1,712.67	41.77	.054		46.29	2.24
CROSSOVERS/ALL OTH OUTPTNT	52	194	5,403.11	27.85	.253		103.91	7.05
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	43	1,137	\$ 167,369.84	\$ 147.20	1.484		\$ 3892.32	\$ 218.50
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	5	124	42,763.88	344.87	.162		8552.78	55.83
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	38	1,013	124,605.96	123.01	1.322		3279.10	162.67
@INTERMEDIATE CARE FACIL.-DD	12	377	\$ 64,665.98	\$ 171.53	.492		\$ 5388.83	\$ 84.42
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	12	377	64,665.98	171.53	.492		5388.83	84.42
@HEMODIALYSIS TOTAL	39	862	\$ 38,449.54	\$ 44.61	1.125		\$ 985.89	\$ 50.20
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	39	862	38,449.54	44.61	1.125		985.89	50.20
@REHABILITATION FACILITY	10	229	\$ 3,159.86	\$ 13.80	.299		\$ 315.99	\$ 4.13
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	10	229	3,159.86	13.80	.299		315.99	4.13
@LABORATORY FACILITY	15	87	\$ 1,202.01	\$ 13.82	.114		\$ 80.13	\$ 1.57
PATHOLOGY	15	87	1,202.01	13.82	.114		80.13	1.57
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	30	42	\$ 4,561.60	\$ 108.61	.055		\$ 152.05	\$ 5.96
CLINIC	0	0	.00	.00	.000		.00	.00
SURGICENTER	0	0	.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	30	42	4,561.60	108.61	.055		152.05	5.96

766 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	161	17,312	\$ 64,499.74	\$ 3.73	22.601		\$ 400.62	\$ 84.20

DURABLE MED. EQUIP.	9	19	14,018.31	737.81	.025	1557.59	18.30
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	7	1,681.43	240.20	.009	280.24	2.20
MEDICAL TRANSPORTATION	16	325	4,428.69	13.63	.424	276.79	5.78
AMBULANCES/AIR TRANS	10	133	2,335.87	17.56	.174	233.59	3.05
OTHER TRANS	2	68	163.17	2.40	.089	81.59	.21
OTHER SERVICES	7	124	1,929.65	15.56	.162	275.66	2.52
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	24	189	13,112.63	69.38	.247	546.36	17.12
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	234.48	14.66	.021	29.31	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	6	5.40	.90	.008	1.80	.01
PROSTHETIST/ORTHOTISTS	6	21	4,230.42	201.45	.027	705.07	5.52

PROSTHETICS	6	21		4,230.42		201.45	.027	705.07	5.52
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	6		299.20		49.87	.008	74.80	.39
HOSPICE SERVICES	0	0		.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	50	5,189		20,522.94		3.96	6.774	410.46	26.79
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	58	11,534		5,966.24		.52	15.057	102.87	7.79
@CALIF. CHILDREN SERVICES*	39	1,686	\$	61,190.62	\$	36.29	2.201	\$ 1568.99	\$ 79.88
@XOVER EXCLUDING STATE HOSP**	160	1,131	\$	45,734.97	\$	40.44	1.477	\$ 285.84	\$ 59.71

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,185
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED	

21,638 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16,763	485,891	\$ 14,069,951.73	\$ 28.96	22.455	\$ 839.35	\$ 650.24
@PHYSICIANS SERVICES	5,192	18,412	\$ 624,954.38	\$ 33.94	.851	\$ 120.37	\$ 28.88
OUTPATIENT VISITS	2,919	4,626	170,868.09	36.94	.214	58.54	7.90
OFFICE VISITS	2,157	3,060	90,506.28	29.58	.141	41.96	4.18
HOME VISITS	5	5	234.60	46.92	.000	46.92	.01
EMERGENCY ROOM	963	1,349	74,074.48	54.91	.062	76.92	3.42
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	3	245.00	81.67	.000	122.50	.01
OTHER OUTPATIENT	197	209	5,807.73	27.79	.010	29.48	.27
INPATIENT VISITS	318	1,164	54,148.87	46.52	.054	170.28	2.50
HOSPITAL VISITS	255	995	42,162.33	42.37	.046	165.34	1.95
CRITICAL CARE	26	85	9,397.88	110.56	.004	361.46	.43
SNF/ICF/TRANS IP CARE	65	84	2,588.66	30.82	.004	39.83	.12
OPHTHALMOLOGICAL SERVICES	95	102	4,459.67	43.72	.005	46.94	.21
EXAMINATIONS	95	102	4,459.67	43.72	.005	46.94	.21
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	125	856	62,286.17	72.76	.040	498.29	2.88
PRINCIPAL SURGEON	93	155	45,436.78	293.14	.007	488.57	2.10
ASSISTANT SURGEON	18	19	3,629.86	191.05	.001	201.66	.17
ANESTHESIOLOGIST	45	682	13,219.53	19.38	.032	293.77	.61
OUTPATIENT SURGERY	372	866	68,491.90	79.09	.040	184.12	3.17
PRINCIPAL SURGEON	331	394	57,601.23	146.20	.018	174.02	2.66
ASSISTANT SURGEON	4	4	869.66	217.42	.000	217.42	.04
ANESTHESIOLOGIST	60	468	10,021.01	21.41	.022	167.02	.46
DIALYSIS	24	89	6,482.84	72.84	.004	270.12	.30
PATHOLOGY	396	680	13,125.61	19.30	.031	33.15	.61
RADIOLOGY	1,159	2,106	83,897.27	39.84	.097	72.39	3.88
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	147	773	18,955.81	24.52	.036	128.95	.88
OTHER SERVICES/ALL X-OVERS	2,286	7,150	142,238.15	19.89	.330	62.22	6.57
@PHARMACY	14,088	207,699	\$ 7,668,641.64	\$ 36.92	9.599	\$ 544.34	\$ 354.41
PRESCRIPTION DRUGS	13,944	62,847	7,526,935.23	119.77	2.904	539.80	347.86
SNF/ICF	528	3,748	302,007.89	80.58	.173	571.98	13.96
OUTPATIENTS	13,479	59,099	7,224,927.34	122.25	2.731	536.01	333.90
MEDICAL SUPPLIES	930	144,852	141,706.41	.98	6.694	152.37	6.55
@DENTIST	974	3,922	\$ 195,549.73	\$ 49.86	.181	\$ 200.77	\$ 9.04
VISITS - DIAGNOSTIC	625	2,086	30,956.64	14.84	.096	49.53	1.43
ORAL SURGERY	164	552	26,195.00	47.45	.026	159.73	1.21

DRUGS	7	8	130.00	16.25	.000	18.57	.01
ANESTHESIA	8	8	800.00	100.00	.000	100.00	.04
PERIODONTICS	36	46	7,081.00	153.93	.002	196.69	.33
ENDODONTICS	61	107	18,804.00	175.74	.005	308.26	.87
RESTORATIVE DENTISTRY	327	854	69,793.84	81.73	.039	213.44	3.23
PROSTHETICS	10	9	240.00	26.67	.000	24.00	.01
DENTURES, STAYPLATES	92	224	39,894.00	178.10	.010	433.63	1.84
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	4	4	1,550.25	387.56	.000	387.56	.07
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	105.00	52.50	.000	52.50	.00
ALL OTHER SERVICES	15	22	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,186
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED						

21,638 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	426	1,235	\$	25,251.50	\$ 20.45	.057	\$ 59.28	\$ 1.17
DIAGNOSTIC AND ANC. PROCED	166	166		7,632.40	45.98	.008	45.98	.35
EYE APPLIANCES	361	1,017		16,375.74	16.10	.047	45.36	.76
OTHER OPTOMETRIC SERVICES	40	52		1,243.36	23.91	.002	31.08	.06
@CHIROPRACTOR	108	173	\$	2,796.46	\$ 16.16	.008	\$ 25.89	\$.13
VISITS	98	156		2,566.52	16.45	.007	26.19	.12
OTHER SERVICES	10	17		229.94	13.53	.001	22.99	.01
@PODIATRIST	124	172	\$	2,762.40	\$ 16.06	.008	\$ 22.28	\$.13
MEDICINE/INJECTIONS	25	42		1,206.95	28.74	.002	48.28	.06
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	100	128		1,520.85	11.88	.006	15.21	.07
@HOME HEALTH AGENCY	117	4,153	\$	138,572.76	\$ 33.37	.192	\$ 1184.38	\$ 6.40
NURSE ANESTHESIST	6	104	\$	297.94	\$ 2.86	.005	\$ 49.66	\$.01
NURSE MIDWIFE	2	2	\$	62.34	\$ 31.17	.000	\$ 31.17	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	80	111	\$	2,775.62	\$ 25.01	.005	\$ 34.70	\$.13
@TOTAL HOSPITAL	3,713	20,383	\$	2,532,335.05	\$ 124.24	.942	\$ 682.02	\$ 117.03
HOSP INPATIENT TOTAL	411	1,936		2,092,364.81	1080.77	.089	5090.91	96.70
HSC HOSPITALS	71	568		684,198.07	1204.57	.026	9636.59	31.62
NON-HSC HOSPITAL TOTAL	184	673		1,281,410.60	1904.03	.031	6964.19	59.22
ACCOMMODATIONS	184	673		323,123.34	480.12	.031	1756.11	14.93
ADMINISTRATIVE DAYS	7	55		26,634.11	484.26	.003	3804.87	1.23
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	180	618		296,489.23	479.76	.029	1647.16	13.70
ANCILLARIES	184	0		958,287.26	.00	.000	5208.08	44.29
INPATIENT CROSSOVERS	166	695		126,756.14	182.38	.032	763.59	5.86
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,454	18,447		439,970.24	23.85	.853	127.38	20.33
MEDICAL	445	656		24,433.05	37.25	.030	54.91	1.13
SURGERY	249	266		8,134.16	30.58	.012	32.67	.38
PATHOLOGY	1,350	5,928		71,825.52	12.12	.274	53.20	3.32
RADIOLOGY	889	1,430		119,415.47	83.51	.066	134.33	5.52
ROOM USE	1,394	2,096		84,251.39	40.20	.097	60.44	3.89
CROSSOVERS/ALL OTH OUTPTNT	1,801	8,071		131,910.65	16.34	.373	73.24	6.10
@COUNTY HOSPITAL TOTAL	17	89	\$	50,522.41	\$ 567.67	.004	\$ 2971.91	\$ 2.33
CO HOSPITAL INPATIENT TOTAL	1	36		48,672.00	1352.00	.002	48672.00	2.25
HSC HOSPITALS	1	36		48,672.00	1352.00	.002	48672.00	2.25
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	16	53	1,850.41	34.91	.002	115.65	.09
MEDICAL	6	7	371.23	53.03	.000	61.87	.02
SURGERY	1	1	25.15	25.15	.000	25.15	.00
PATHOLOGY	4	10	127.15	12.72	.000	31.79	.01
RADIOLOGY	7	14	837.19	59.80	.001	119.60	.04
ROOM USE	10	11	393.87	35.81	.001	39.39	.02
CROSSOVERS/ALL OTH OUTPTNT	5	10	95.82	9.58	.000	19.16	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL DISABLED

PAGE 9,187
01/29/04

	21,638 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,700	20,294	\$	2,481,812.64	\$ 122.29	.938	\$ 670.76	\$ 114.70
COMM HOSP INPATIENT TOTAL	410	1,900		2,043,692.81	1075.63	.088	4984.62	94.45
HSC HOSPITALS	70	532		635,526.07	1194.60	.025	9078.94	29.37
NON-HSC HOSPITALS TOTAL	184	673		1,281,410.60	1904.03	.031	6964.19	59.22
ACCOMMODATIONS	184	673		323,123.34	480.12	.031	1756.11	14.93
ADMINISTRATIVE DAYS	7	55		26,634.11	484.26	.003	3804.87	1.23
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	180	618		296,489.23	479.76	.029	1647.16	13.70
ANCILLARIES	184	0		958,287.26	.00	.000	5208.08	44.29
INPATIENT CROSSOVERS	166	695		126,756.14	182.38	.032	763.59	5.86
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,441	18,394		438,119.83	23.82	.850	127.32	20.25
MEDICAL	439	649		24,061.82	37.08	.030	54.81	1.11
SURGERY	248	265		8,109.01	30.60	.012	32.70	.37
PATHOLOGY	1,346	5,918		71,698.37	12.12	.274	53.27	3.31
RADIOLOGY	882	1,416		118,578.28	83.74	.065	134.44	5.48
ROOM USE	1,384	2,085		83,857.52	40.22	.096	60.59	3.88
CROSSOVERS/ALL OTH OUTPTNT	1,797	8,061		131,814.83	16.35	.373	73.35	6.09
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	375	10,843	\$	1,298,844.20	\$ 119.79	.501	\$ 3463.58	\$ 60.03
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	21		2,539.53	120.93	.001	2539.53	.12
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	374	10,822		1,296,304.67	119.78	.500	3466.06	59.91
@INTERMEDIATE CARE FACIL.-DD	21	901	\$	157,425.79	\$ 174.72	.042	\$ 7496.47	\$ 7.28
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	21	901		157,425.79	174.72	.042	7496.47	7.28
@HEMODIALYSIS TOTAL	126	2,534	\$	113,194.84	\$ 44.67	.117	\$ 898.37	\$ 5.23
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	126	2,534		113,194.84	44.67	.117	898.37	5.23
@REHABILITATION FACILITY	36	516	\$	7,402.77	\$ 14.35	.024	\$ 205.63	\$.34
HOSPITAL BASED	4	17		717.48	42.20	.001	179.37	.03
INDEPENDENT FACILITY	32	499		6,685.29	13.40	.023	208.92	.31
@LABORATORY FACILITY	329	1,543	\$	21,819.83	\$ 14.14	.071	\$ 66.32	\$ 1.01
PATHOLOGY	323	1,531		21,230.68	13.87	.071	65.73	.98
XO AND OTHERS	6	12		589.15	49.10	.001	98.19	.03
@ORGANIZED OUTPATIENT CLINIC	1,513	2,550	\$	310,056.77	\$ 121.59	.118	\$ 204.93	\$ 14.33
CLINIC	56	108		2,380.27	22.04	.005	42.50	.11

SURGICENTER	10	37	1,364.74	36.88	.002	136.47	.06
HEROIN DETOX CLINIC	3	46	545.67	11.86	.002	181.89	.03
RURAL HEALTH CLINIC	1,451	2,359	305,766.09	129.62	.109	210.73	14.13

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,188
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
21,638 ELIGIBLES							
@ALL OTHER PROVIDERS	2,380	210,638	\$ 967,207.71	\$ 4.59	9.735	\$ 406.39	\$ 44.70
DURABLE MED. EQUIP.	291	1,275	148,461.61	116.44	.059	510.18	6.86
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	27	33	6,506.41	197.16	.002	240.98	.30
MEDICAL TRANSPORTATION	266	2,828	53,528.31	18.93	.131	201.23	2.47
AMBULANCES/AIR TRANS	239	2,548	41,741.80	16.38	.118	174.65	1.93
OTHER TRANS	6	122	328.59	2.69	.006	54.77	.02
OTHER SERVICES	29	158	11,457.92	72.52	.007	395.10	.53
ACUPUNCTURE	4	12	205.45	17.12	.001	51.36	.01
ADULT DAY HEALTH CARE CTR	139	1,605	111,575.25	69.52	.074	802.70	5.16
GENETIC DISEASE TESTING	4	4	420.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	106	9,412	301,617.53	32.05	.435	2845.45	13.94
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	429	982	11,679.86	11.89	.045	27.23	.54
PHYSICAL THERAPIST	1	5	86.79	17.36	.000	86.79	.00
PORTABLE X-RAY	8	13	117.02	9.00	.001	14.63	.01
PROSTHETIST/ORTHOTISTS	111	253	27,162.00	107.36	.012	244.70	1.26
PROSTHETICS	111	253	27,162.00	107.36	.012	244.70	1.26
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	37	67	3,570.89	53.30	.003	96.51	.17
HOSPICE SERVICES	22	526	66,008.34	125.49	.024	3000.38	3.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	416	46,260	125,678.86	2.72	2.138	302.11	5.81
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	711	147,363	110,589.39	.75	6.810	155.54	5.11
@CALIF. CHILDREN SERVICES*	246	11,985	\$ 220,321.30	\$ 18.38	.554	\$ 895.62	\$ 10.18
@XOVER EXCLUDING STATE HOSP**	2,778	35,119	\$ 434,164.96	\$ 12.36	1.623	\$ 156.29	\$ 20.06

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,189
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
51,027 ELIGIBLES							
@TOTAL, ALL PROVIDERS	24,771	149,146	\$ 7,492,715.26	\$ 50.24	2.923	\$ 302.48	\$ 146.84
@PHYSICIANS SERVICES	11,769	28,799	\$ 1,072,367.19	\$ 37.24	.564	\$ 91.12	\$ 21.02
OUTPATIENT VISITS	9,586	13,327	463,717.35	34.80	.261	48.37	9.09
OFFICE VISITS	6,801	8,759	259,969.53	29.68	.172	38.23	5.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3,418	4,246	187,688.29	44.20	.083	54.91	3.68
PREVENTIVE CARE	8	8	384.76	48.10	.000	48.10	.01
OB VISITS/COMPRE PERI	93	155	11,156.61	71.98	.003	119.96	.22
OTHER OUTPATIENT	149	159	4,518.16	28.42	.003	30.32	.09
INPATIENT VISITS	407	1,249	83,317.93	66.71	.024	204.71	1.63
HOSPITAL VISITS	387	942	43,004.64	45.65	.018	111.12	.84
CRITICAL CARE	43	305	40,258.29	131.99	.006	936.24	.79

SNF/ICF/TRANS IP CARE	1	2	55.00	27.50	.000	55.00	.00
OPHTHALMOLOGICAL SERVICES	132	141	6,877.66	48.78	.003	52.10	.13
EXAMINATIONS	131	140	6,852.66	48.95	.003	52.31	.13
SERVICES AND MATERIALS	1	1	25.00	25.00	.000	25.00	.00
INPATIENT HOSPITAL SURGERY	310	1,339	165,968.48	123.95	.026	535.38	3.25
PRINCIPAL SURGEON	209	244	136,029.51	557.50	.005	650.86	2.67
ASSISTANT SURGEON	32	30	5,283.86	176.13	.001	165.12	.10
ANESTHESIOLOGIST	112	1,065	24,655.11	23.15	.021	220.13	.48
OUTPATIENT SURGERY	981	1,861	128,945.27	69.29	.036	131.44	2.53
PRINCIPAL SURGEON	881	1,094	109,249.95	99.86	.021	124.01	2.14
ASSISTANT SURGEON	4	4	307.16	76.79	.000	76.79	.01
ANESTHESIOLOGIST	158	763	19,388.16	25.41	.015	122.71	.38
DIALYSIS	2	14	315.86	22.56	.000	157.93	.01
PATHOLOGY	1,286	1,851	24,124.95	13.03	.036	18.76	.47
RADIOLOGY	2,286	3,380	94,091.47	27.84	.066	41.16	1.84
PSYCHIATRY	5	5	234.31	46.86	.000	46.86	.00

IMMUNIZATION AND INJECTION	326	622		20,384.73		32.77	.012	62.53	.40
OTHER SERVICES/ALL X-OVERS	1,177	5,010		84,389.18		16.84	.098	71.70	1.65
@PHARMACY	12,001	47,467	\$	2,102,151.59	\$	44.29	.930	\$ 175.16	\$ 41.20
PRESCRIPTION DRUGS	11,936	27,303		1,632,888.45		59.81	.535	136.80	32.00
SNF/ICF	18	60		2,248.91		37.48	.001	124.94	.04
OUTPATIENTS	11,924	27,243		1,630,639.54		59.86	.534	136.75	31.96
MEDICAL SUPPLIES	219	20,164		469,263.14		23.27	.395	2142.75	9.20
@DENTIST	2,379	9,996	\$	381,623.15	\$	38.18	.196	\$ 160.41	\$ 7.48
VISITS - DIAGNOSTIC	1,656	6,008		100,696.75		16.76	.118	60.81	1.97
ORAL SURGERY	293	756		43,649.00		57.74	.015	148.97	.86
DRUGS	181	222		4,908.75		22.11	.004	27.12	.10
ANESTHESIA	18	19		1,700.00		89.47	.000	94.44	.03
PERIODONTICS	24	25		3,492.00		139.68	.000	145.50	.07
ENDODONTICS	192	356		53,366.50		149.91	.007	277.95	1.05
RESTORATIVE DENTISTRY	896	2,335		144,609.15		61.93	.046	161.39	2.83
PROSTHETICS	6	6		150.00		25.00	.000	25.00	.00
DENTURES, STAYPLATES	36	64		16,551.00		258.61	.001	459.75	.32
SPACE MAINTAINERS	31	31		4,742.00		152.97	.001	152.97	.09
MAXILLOFACIAL SERVICES	4	4		148.00		37.00	.000	37.00	.00
FRACTURES, DISLOCATIONS	2	2		1,900.00		950.00	.000	950.00	.04
ORTHODONTIC SERVICES	59	71		5,485.00		77.25	.001	92.97	.11
ALL OTHER SERVICES	54	97		225.00		2.32	.002	4.17	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL FAMILIES

PAGE 9,190 01/29/04

51,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	621	1,815	\$ 42,407.63	\$ 23.37	.036 \$ 68.29 \$.83
DIAGNOSTIC AND ANC. PROCED	475	476	22,421.76	47.10	.009 47.20 .44
EYE APPLIANCES	473	1,320	19,411.27	14.71	.026 41.04 .38
OTHER OPTOMETRIC SERVICES	16	19	574.60	30.24	.000 35.91 .01
@CHIROPRACTOR	265	420	\$ 6,976.42	\$ 16.61	.008 \$ 26.33 \$.14
VISITS	265	420	6,976.42	16.61	.008 26.33 .14
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	45	66	\$ 2,029.20	\$ 30.75	.001 \$ 45.09 \$.04
MEDICINE/INJECTIONS	41	54	1,722.94	31.91	.001 42.02 .03
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	3	5	81.32	16.26	.000 27.11 .00
OTHER	6	7	224.94	32.13	.000 37.49 .00
@HOME HEALTH AGENCY	52	244	\$ 13,580.65	\$ 55.66	.005 \$ 261.17 \$.27
NURSE ANESTHESIST	0	0	.00	.00	.000 .00 .00
NURSE MIDWIFE	24	62	\$ 3,604.39	\$ 58.14	.001 \$ 150.18 \$.07
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 .00 .00
FAMILY NURSE PRACTITIONER	260	328	\$ 8,125.22	\$ 24.77	.006 \$ 31.25 \$.16
@TOTAL HOSPITAL	6,642	29,908	\$ 3,008,896.12	\$ 100.61	.586 \$ 453.01 \$ 58.97
HOSP INPATIENT TOTAL	407	1,615	2,257,571.18	1397.88	.032 5546.86 44.24
HSC HOSPITALS	64	452	592,590.11	1311.04	.009 9259.22 11.61
NON-HSC HOSPITAL TOTAL	335	1,136	1,658,254.27	1459.73	.022 4950.01 32.50
ACCOMMODATIONS	335	1,136	469,511.89	413.30	.022 1401.53 9.20
ADMINISTRATIVE DAYS	1	4	3,248.00	812.00	.000 3248.00 .06
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	335	1,132	466,263.89	411.89	.022 1391.83 9.14
ANCILLARIES	335	0	1,188,742.38	.00	.000 3548.48 23.30
INPATIENT CROSSOVERS	9	27	6,726.80	249.14	.001 747.42 .13
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
HOSP OUTPATIENT TOTAL	6,446	28,293	751,324.94	26.56	.554 116.56 14.72
MEDICAL	781	990	40,025.05	40.43	.019 51.25 .78
SURGERY	647	710	17,652.40	24.86	.014 27.28 .35
PATHOLOGY	2,516	8,823	113,968.09	12.92	.173 45.30 2.23

RADIOLOGY	1,774	2,342	152,818.89	65.25	.046	86.14	2.99
ROOM USE	4,551	6,233	237,376.76	38.08	.122	52.16	4.65
CROSSOVERS/ALL OTH OUTPTNT	2,759	9,195	189,483.75	20.61	.180	68.68	3.71
@COUNTY HOSPITAL TOTAL	13	59	\$ 2,111.10	\$ 35.78	.001	\$ 162.39	\$.04
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	59	2,111.10	35.78	.001	162.39	.04
MEDICAL	5	7	356.84	50.98	.000	71.37	.01
SURGERY	2	3	454.24	151.41	.000	227.12	.01
PATHOLOGY	2	11	91.71	8.34	.000	45.86	.00
RADIOLOGY	5	8	197.05	24.63	.000	39.41	.00
ROOM USE	9	10	351.04	35.10	.000	39.00	.01
CROSSOVERS/ALL OTH OUTPTNT	9	20	660.22	33.01	.000	73.36	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,191
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

51,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,634	29,849	\$ 3,006,785.02	\$ 100.73	.585	\$ 453.24	\$ 58.93
COMM HOSP INPATIENT TOTAL	407	1,615	2,257,571.18	1397.88	.032	5546.86	44.24
HSC HOSPITALS	64	452	592,590.11	1311.04	.009	9259.22	11.61
NON-HSC HOSPITALS TOTAL	335	1,136	1,658,254.27	1459.73	.022	4950.01	32.50
ACCOMMODATIONS	335	1,136	469,511.89	413.30	.022	1401.53	9.20
ADMINISTRATIVE DAYS	1	4	3,248.00	812.00	.000	3248.00	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	335	1,132	466,263.89	411.89	.022	1391.83	9.14
ANCILLARIES	335	0	1,188,742.38	.00	.000	3548.48	23.30
INPATIENT CROSSOVERS	9	27	6,726.80	249.14	.001	747.42	.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,437	28,234	749,213.84	26.54	.553	116.39	14.68
MEDICAL	777	983	39,668.21	40.35	.019	51.05	.78
SURGERY	645	707	17,198.16	24.33	.014	26.66	.34
PATHOLOGY	2,515	8,812	113,876.38	12.92	.173	45.28	2.23
RADIOLOGY	1,770	2,334	152,621.84	65.39	.046	86.23	2.99
ROOM USE	4,544	6,223	237,025.72	38.09	.122	52.16	4.65
CROSSOVERS/ALL OTH OUTPTNT	2,753	9,175	188,823.53	20.58	.180	68.59	3.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	62	\$ 7,143.02	\$ 115.21	.001	\$ 7143.02	\$.14
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	62	7,143.02	115.21	.001	7143.02	.14
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	17	75	\$ 7,324.65	\$ 97.66	.001	\$ 430.86	\$.14

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	17	75	7,324.65	97.66	.001	430.86	.14
@REHABILITATION FACILITY	11	37	\$ 1,097.52	\$ 29.66	.001	\$ 99.77	\$.02
HOSPITAL BASED	6	12	727.24	60.60	.000	121.21	.01
INDEPENDENT FACILITY	5	25	370.28	14.81	.000	74.06	.01
@LABORATORY FACILITY	932	2,162	\$ 40,242.39	\$ 18.61	.042	\$ 43.18	\$.79
PATHOLOGY	932	2,162	40,242.39	18.61	.042	43.18	.79
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,684	5,084	\$ 598,958.20	\$ 117.81	.100	\$ 223.16	\$ 11.74
CLINIC	443	1,396	36,873.59	26.41	.027	83.24	.72
SURGICENTER	34	190	5,389.77	28.37	.004	158.52	.11
HEROIN DETOX CLINIC	1	1	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,245	3,497	556,694.84	159.19	.069	247.97	10.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,192
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
51,027 ELIGIBLES							
@ALL OTHER PROVIDERS	2,627	22,621	\$ 196,187.92	\$ 8.67	.443	\$ 74.68	\$ 3.84
DURABLE MED. EQUIP.	49	84	5,272.59	62.77	.002	107.60	.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	4	1,490.94	372.74	.000	372.74	.03
MEDICAL TRANSPORTATION	227	1,833	64,529.43	35.20	.036	284.27	1.26
AMBULANCES/AIR TRANS	223	1,791	39,198.71	21.89	.035	175.78	.77
OTHER TRANS	2	21	108.64	5.17	.000	54.32	.00
OTHER SERVICES	15	21	25,222.08	1201.05	.000	1681.47	.49
ACUPUNCTURE	3	3	70.28	23.43	.000	23.43	.00
ADULT DAY HEALTH CARE CTR	1	3	205.71	68.57	.000	205.71	.00
GENETIC DISEASE TESTING	65	65	6,583.00	101.28	.001	101.28	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	498	1,059	9,499.36	8.97	.021	19.08	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	57	98	10,487.04	107.01	.002	183.98	.21
PROSTHETICS	54	95	10,296.47	108.38	.002	190.68	.20
ORTHOTICS	3	3	190.57	63.52	.000	63.52	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	30	67	7,369.46	109.99	.001	245.65	.14
HOSPICE SERVICES	0	0	3,251.64	.00	.000	.00	.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,700	13,028	84,236.30	6.47	.255	49.55	1.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	40	6,377	3,192.17	.50	.125	79.80	.06
@CALIF. CHILDREN SERVICES*	204	5,968	\$ 800,256.27	\$ 134.09	.117	\$ 3922.82	\$ 15.68
@XOVER EXCLUDING STATE HOSP**	118	1,862	\$ 20,776.81	\$ 11.16	.036	\$ 176.07	\$.41

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,193
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,606 ELIGIBLES							
@TOTAL, ALL PROVIDERS	1,345	40,637	\$ 707,092.90	\$ 17.40	15.594	\$ 525.72	\$ 271.33
@PHYSICIANS SERVICES	588	2,094	\$ 84,410.52	\$ 40.31	.804	\$ 143.56	\$ 32.39

OUTPATIENT VISITS	408	590		23,017.66		39.01	.226	56.42	8.83									
OFFICE VISITS	260	328		10,640.58		32.44	.126	40.93	4.08									
HOME VISITS	0	0		.00		.00	.000	.00	.00									
EMERGENCY ROOM	150	214		10,744.80		50.21	.082	71.63	4.12									
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00									
OB VISITS/COMPRI PERI	8	27		916.98		33.96	.010	114.62	.35									
OTHER OUTPATIENT	17	21		715.30		34.06	.008	42.08	.27									
INPATIENT VISITS	40	186		11,597.69		62.35	.071	289.94	4.45									
HOSPITAL VISITS	31	139		6,251.79		44.98	.053	201.67	2.40									
CRITICAL CARE	8	38		5,100.52		134.22	.015	637.57	1.96									
SNF/ICF/TRANS IP CARE	6	9		245.38		27.26	.003	40.90	.09									
OPHTHALMOLOGICAL SERVICES	10	10		410.78		41.08	.004	41.08	.16									
EXAMINATIONS	10	10		410.78		41.08	.004	41.08	.16									
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00									
INPATIENT HOSPITAL SURGERY	42	443		23,155.02		52.27	.170	551.31	8.89									
PRINCIPAL SURGEON	24	53		15,943.91		300.83	.020	664.33	6.12									
ASSISTANT SURGEON	2	2		308.61		154.31	.001	154.31	.12									
ANESTHESIOLOGIST	20	388		6,902.50		17.79	.149	345.13	2.65									
OUTPATIENT SURGERY	67	146		8,412.28		57.62	.056	125.56	3.23									
PRINCIPAL SURGEON	54	69		6,173.84		89.48	.026	114.33	2.37									
ASSISTANT SURGEON	1	1		52.12		52.12	.000	52.12	.02									
ANESTHESIOLOGIST	14	76		2,186.32		28.77	.029	156.17	.84									
DIALYSIS	0	0		.00		.00	.000	.00	.00									
PATHOLOGY	59	108		1,828.88		16.93	.041	31.00	.70									
RADIOLOGY	148	364		9,274.83		25.48	.140	62.67	3.56									
PSYCHIATRY	0	0		.00		.00	.000	.00	.00									
IMMUNIZATION AND INJECTION	11	11		1,949.28		177.21	.004	177.21	.75									
OTHER SERVICES/ALL X-OVERS	65	236		4,764.10		20.19	.091	73.29	1.83									
@PHARMACY	563	10,626	\$	92,531.96	\$	8.71	4.078	\$ 164.36	\$ 35.51									
PRESCRIPTION DRUGS	555	1,279		85,307.91		66.70	.491	153.71	32.74									
SNF/ICF	38	232		17,386.72		74.94	.089	457.55	6.67									
OUTPATIENTS	518	1,047		67,921.19		64.87	.402	131.12	26.06									
MEDICAL SUPPLIES	39	9,347		7,224.05		.77	3.587	185.23	2.77									
@DENTIST	97	406	\$	14,475.00	\$	35.65	.156	\$ 149.23	\$ 5.55									
VISITS - DIAGNOSTIC	74	266		5,022.00		18.88	.102	67.86	1.93									
ORAL SURGERY	15	35		3,544.00		101.26	.013	236.27	1.36									
DRUGS	4	4		75.00		18.75	.002	18.75	.03									
ANESTHESIA	2	2		200.00		100.00	.001	100.00	.08									
PERIODONTICS	0	0		.00		.00	.000	.00	.00									
ENDODONTICS	2	2		660.00		330.00	.001	330.00	.25									
RESTORATIVE DENTISTRY	31	92		4,704.00		51.13	.035	151.74	1.81									
PROSTHETICS	0	0		.00		.00	.000	.00	.00									
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00									
SPACE MAINTAINERS	1	1		120.00		120.00	.000	120.00	.05									
MAXILLOFACIAL SERVICES	1	2		150.00		75.00	.001	150.00	.06									
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00									
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00									
ALL OTHER SERVICES	3	2		.00		.00	.001	.00	.00									
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003																	
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	2,606 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	29	74	\$	1,840.71	\$ 24.87	.028	\$ 63.47	\$.71
DIAGNOSTIC AND ANC. PROCED	24	24		1,116.96	46.54	.009	46.54	.43
EYE APPLIANCES	17	48		686.95	14.31	.018	40.41	.26
OTHER OPTOMETRIC SERVICES	1	2		36.80	18.40	.001	36.80	.01
@CHIROPRACTOR	15	21	\$	351.12	\$ 16.72	.008	\$ 23.41	\$.13
VISITS	15	21		351.12	16.72	.008	23.41	.13

OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	7	785	\$	18,851.64	\$	24.01	.301	\$	2693.09	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	3	11	\$	675.90	\$	61.45	.004	\$	225.30	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	10	12	\$	292.88	\$	24.41	.005	\$	29.29	\$
@TOTAL HOSPITAL	367	1,840	\$	310,665.08	\$	168.84	.706	\$	846.50	\$
HOSP INPATIENT TOTAL	32	202		264,556.73		1309.69	.078		8267.40	
HSC HOSPITALS	13	142		170,005.00		1197.22	.054		13077.31	
NON-HSC HOSPITAL TOTAL	20	60		94,551.73		1575.86	.023		4727.59	
ACCOMMODATIONS	20	60		24,556.17		409.27	.023		1227.81	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	60	24,556.17	409.27	.023	1227.81	9.42
ANCILLARIES	20	0	69,995.56	.00	.000	3499.78	26.86
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	344	1,638	46,108.35	28.15	.629	134.04	17.69
MEDICAL	47	52	1,820.10	35.00	.020	38.73	.70
SURGERY	47	58	1,294.26	22.31	.022	27.54	.50
PATHOLOGY	142	502	6,253.98	12.46	.193	44.04	2.40
RADIOLOGY	107	157	13,009.15	82.86	.060	121.58	4.99
ROOM USE	240	364	13,507.81	37.11	.140	56.28	5.18
CROSSOVERS/ALL OTH OUTPTNT	152	505	10,223.05	20.24	.194	67.26	3.92
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
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	2,606 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	367	1,840	\$	310,665.08	\$ 168.84	.706	\$ 846.50	\$ 119.21
COMM HOSP INPATIENT TOTAL	32	202		264,556.73	1309.69	.078	8267.40	101.52
HSC HOSPITALS	13	142		170,005.00	1197.22	.054	13077.31	65.24
NON-HSC HOSPITALS TOTAL	20	60		94,551.73	1575.86	.023	4727.59	36.28
ACCOMMODATIONS	20	60		24,556.17	409.27	.023	1227.81	9.42
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	60		24,556.17	409.27	.023	1227.81	9.42
ANCILLARIES	20	0		69,995.56	.00	.000	3499.78	26.86
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	344	1,638		46,108.35	28.15	.629	134.04	17.69
MEDICAL	47	52		1,820.10	35.00	.020	38.73	.70
SURGERY	47	58		1,294.26	22.31	.022	27.54	.50
PATHOLOGY	142	502		6,253.98	12.46	.193	44.04	2.40
RADIOLOGY	107	157		13,009.15	82.86	.060	121.58	4.99
ROOM USE	240	364		13,507.81	37.11	.140	56.28	5.18
CROSSOVERS/ALL OTH OUTPTNT	152	505		10,223.05	20.24	.194	67.26	3.92
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	25	779	\$	88,717.38	\$ 113.89	.299	\$ 3548.70	\$ 34.04
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	25	779		88,717.38	113.89	.299	3548.70	34.04
@INTERMEDIATE CARE FACIL.-DD	6	168	\$	24,892.56	\$ 148.17	.064	\$ 4148.76	\$ 9.55
ICF DDH	6	168		24,892.56	148.17	.064	4148.76	9.55
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	19	\$	398.83	\$ 20.99	.007	\$ 99.71	\$.15
HOSPITAL BASED	2	17		356.45	20.97	.007	178.23	.14
INDEPENDENT FACILITY	2	2		42.38	21.19	.001	21.19	.02
@LABORATORY FACILITY	50	180	\$	2,606.89	\$ 14.48	.069	\$ 52.14	\$ 1.00
PATHOLOGY	50	180		2,606.89	14.48	.069	52.14	1.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	91	216	\$	13,087.92	\$ 60.59	.083	\$ 143.82	\$ 5.02
CLINIC	29	112		1,712.05	15.29	.043	59.04	.66
SURGICENTER	1	10		243.41	24.34	.004	243.41	.09
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	61	94		11,132.46	118.43	.036	182.50	4.27
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	2,606 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	175	23,406	\$	53,294.51	\$ 2.28	8.982	\$ 304.54	\$ 20.45
DURABLE MED. EQUIP.	18	69		8,525.95	123.56	.026	473.66	3.27
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	30	436		13,158.37	30.18	.167	438.61	5.05
AMBULANCES/AIR TRANS	26	337		5,475.58	16.25	.129	210.60	2.10
OTHER TRANS	4	95		482.79	5.08	.036	120.70	.19
OTHER SERVICES	4	4		7,200.00	1800.00	.002	1800.00	2.76
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2		210.00	105.00	.001	105.00	.08
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	18	38		315.60	8.31	.015	17.53	.12
PHYSICAL THERAPIST	3	19		279.25	14.70	.007	93.08	.11
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	13		1,603.42	123.34	.005	267.24	.62
PROSTHETICS	6	13		1,603.42	123.34	.005	267.24	.62
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	9		2,738.38	304.26	.003	684.60	1.05
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	80	6,203		21,584.85	3.48	2.380	269.81	8.28
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	27	16,617		4,878.69	.29	6.376	180.69	1.87
@CALIF. CHILDREN SERVICES*	91	7,863	\$	128,247.62	\$ 16.31	3.017	\$ 1409.31	\$ 49.21
@XOVER EXCLUDING STATE HOSP**	6	19	\$	6,063.88	\$ 319.15	.007	\$ 1010.65	\$ 2.33

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00		
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00		
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00		
OFFICE VISITS	0		0	.00	.00	.000	.00	.00		
HOME VISITS	0		0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00		
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00		
CRITICAL CARE	0		0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00		
EXAMINATIONS	0		0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0		0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	0		0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00		
DIALYSIS	0		0	.00	.00	.000	.00	.00		
PATHOLOGY	0		0	.00	.00	.000	.00	.00		
RADIOLOGY	0		0	.00	.00	.000	.00	.00		
PSYCHIATRY	0		0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0		0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	0		0	.00	.00	.000	.00	.00		
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00		
PRESCRIPTION DRUGS	0		0	.00	.00	.000	.00	.00		
SNF/ICF	0		0	.00	.00	.000	.00	.00		
OUTPATIENTS	0		0	.00	.00	.000	.00	.00		
MEDICAL SUPPLIES	0		0	.00	.00	.000	.00	.00		
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS - DIAGNOSTIC	0		0	.00	.00	.000	.00	.00		
ORAL SURGERY	0		0	.00	.00	.000	.00	.00		
DRUGS	0		0	.00	.00	.000	.00	.00		
ANESTHESIA	0		0	.00	.00	.000	.00	.00		
PERIODONTICS	0		0	.00	.00	.000	.00	.00		
ENDODONTICS	0		0	.00	.00	.000	.00	.00		
RESTORATIVE DENTISTRY	0		0	.00	.00	.000	.00	.00		
PROSTHETICS	0		0	.00	.00	.000	.00	.00		
DENTURES, STAYPLATES	0		0	.00	.00	.000	.00	.00		
SPACE MAINTAINERS	0		0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0		0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0		0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0		0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	0		0	.00	.00	.000	.00	.00		

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,200
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,201
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES 73			
				PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,202
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,203
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,204

MOP024
NEVADA COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES 73		MONTHLY AVERAGE	
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS

PAGE 9,205
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,206
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,207
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,208
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,209
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	102	600	\$ 47,905.08	\$ 79.84	2.281	\$ 469.66	\$ 182.15
@PHYSICIANS SERVICES	46	122	\$ 7,609.81	\$ 62.38	.464	\$ 165.43	\$ 28.93
OUTPATIENT VISITS	22	31	1,670.53	53.89	.118	75.93	6.35
OFFICE VISITS	10	11	355.27	32.30	.042	35.53	1.35
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	10	573.93	57.39	.038	63.77	2.18

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	8	681.33	85.17	.030	170.33	2.59
OTHER OUTPATIENT	1	2	60.00	30.00	.008	60.00	.23
INPATIENT VISITS	7	14	677.66	48.40	.053	96.81	2.58
HOSPITAL VISITS	7	14	677.66	48.40	.053	96.81	2.58
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.004	37.15	.14
EXAMINATIONS	1	1	37.15	37.15	.004	37.15	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	28	3,955.24	141.26	.106	659.21	15.04
PRINCIPAL SURGEON	5	5	3,588.11	717.62	.019	717.62	13.64
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	23	367.13	15.96	.087	367.13	1.40
OUTPATIENT SURGERY	1	3	102.86	34.29	.011	102.86	.39
PRINCIPAL SURGEON	1	3	102.86	34.29	.011	102.86	.39

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	13		236.78	18.21	.049	33.83	.90
RADIOLOGY	15	25		591.87	23.67	.095	39.46	2.25
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		71.52	35.76	.008	35.76	.27
OTHER SERVICES/ALL X-OVERS	4	5		266.20	53.24	.019	66.55	1.01
@PHARMACY	28	80	\$	8,018.73	\$ 100.23	.304	\$ 286.38	\$ 30.49
PRESCRIPTION DRUGS	28	80		8,018.73	100.23	.304	286.38	30.49
SNF/ICF	2	35		3,505.08	100.15	.133	1752.54	13.33
OUTPATIENTS	26	45		4,513.65	100.30	.171	173.60	17.16
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	3	10	\$	10.00	\$ 1.00	.038	\$ 3.33	\$.04
VISITS - DIAGNOSTIC	3	10		10.00	1.00	.038	3.33	.04
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,210
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	4	\$ 209.98	\$ 52.50	.015	\$ 69.99	\$.80
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	53	367	\$ 31,530.46	\$ 85.91	1.395	\$ 594.91	\$ 119.89
HOSP INPATIENT TOTAL	7	18	23,763.93	1320.22	.068	3394.85	90.36
HSC HOSPITALS	2	4	4,620.00	1155.00	.015	2310.00	17.57
NON-HSC HOSPITAL TOTAL	5	14	19,143.93	1367.42	.053	3828.79	72.79
ACCOMMODATIONS	5	14	5,579.36	398.53	.053	1115.87	21.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	14	5,579.36	398.53	.053	1115.87	21.21
ANCILLARIES	5	0	13,564.57	.00	.000	2712.91	51.58

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	50	349		7,766.53	22.25	1.327	155.33	29.53	
MEDICAL	5	7		169.02	24.15	.027	33.80	.64	
SURGERY	1	1		13.92	13.92	.004	13.92	.05	
PATHOLOGY	30	150		1,727.13	11.51	.570	57.57	6.57	
RADIOLOGY	8	15		1,024.01	68.27	.057	128.00	3.89	
ROOM USE	27	45		1,475.63	32.79	.171	54.65	5.61	
CROSSOVERS/ALL OTH OUTPTNT	27	131		3,356.82	25.62	.498	124.33	12.76	
@COUNTY HOSPITAL TOTAL	1	1	\$	109.31	\$ 109.31	.004	\$ 109.31	\$.42	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1	1		109.31	109.31	.004	109.31	.42	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	1	1		109.31	109.31	.004	109.31	.42	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,211
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F								

	263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	52	366	\$	31,421.15	\$ 85.85	1.392	\$ 604.25	\$ 119.47
COMM HOSP INPATIENT TOTAL	7	18		23,763.93	1320.22	.068	3394.85	90.36
HSC HOSPITALS	2	4		4,620.00	1155.00	.015	2310.00	17.57
NON-HSC HOSPITALS TOTAL	5	14		19,143.93	1367.42	.053	3828.79	72.79
ACCOMMODATIONS	5	14		5,579.36	398.53	.053	1115.87	21.21
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	14		5,579.36	398.53	.053	1115.87	21.21
ANCILLARIES	5	0		13,564.57	.00	.000	2712.91	51.58
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	49	348		7,657.22	22.00	1.323	156.27	29.11
MEDICAL	5	7		169.02	24.15	.027	33.80	.64
SURGERY	1	1		13.92	13.92	.004	13.92	.05
PATHOLOGY	30	150		1,727.13	11.51	.570	57.57	6.57
RADIOLOGY	8	15		1,024.01	68.27	.057	128.00	3.89
ROOM USE	27	45		1,475.63	32.79	.171	54.65	5.61
CROSSOVERS/ALL OTH OUTPTNT	26	130		3,247.51	24.98	.494	124.90	12.35
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	5	13	\$	193.80	\$	14.91	.049	\$ 38.76	\$.74
PATHOLOGY	5	13		193.80		14.91	.049	38.76	.74
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE	9,212
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NEVADA COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F								

263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	4	\$ 332.30	\$ 83.08	.015	\$ 83.08	\$ 1.26
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	315.00	105.00	.011	105.00	1.20
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	17.30	17.30	.004	17.30	.07
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	52	\$ 296.96	\$ 5.71	.198	\$ 98.99	\$ 1.13
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE	9,213
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NEVADA COUNTY

SUMMARY OF SERVICES FOR REFUGEES

AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR REFUGEES

MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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00 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAYMONTHLY AVERAGE
UNITS/DAYS
PER ELIGCOST PER
USERCOST PER
ELIGIBLE

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,215
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR REFUGEES	AID CODES 01 02 08 0A	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,216
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,217
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

98 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	77	633	\$ 46,567.73	\$ 73.57	6.459	\$ 604.78	\$ 475.18
@PHYSICIANS SERVICES	48	278	\$ 9,560.44	\$ 34.39	2.837	\$ 199.18	\$ 97.56
OUTPATIENT VISITS	27	44	1,767.61	40.17	.449	65.47	18.04
OFFICE VISITS	25	39	1,497.82	38.41	.398	59.91	15.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	5	269.79	53.96	.051	89.93	2.75
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	18	2,486.35	138.13	.184	414.39	25.37
PRINCIPAL SURGEON	3	3	2,002.17	667.39	.031	667.39	20.43
ASSISTANT SURGEON	1	1	134.77	134.77	.010	134.77	1.38
ANESTHESIOLOGIST	2	14	349.41	24.96	.143	174.71	3.57
OUTPATIENT SURGERY	16	35	2,655.22	75.86	.357	165.95	27.09
PRINCIPAL SURGEON	14	18	2,288.67	127.15	.184	163.48	23.35
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	17	366.55	21.56	.173	91.64	3.74
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	21	34	603.99	17.76	.347	28.76	6.16
RADIOLOGY	13	35	1,510.74	43.16	.357	116.21	15.42
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	6	119.52	19.92	.061	19.92	1.22
OTHER SERVICES/ALL X-OVERS	5	106	417.01	3.93	1.082	83.40	4.26
@PHARMACY	30	57	\$ 12,364.01	\$ 216.91	.582	\$ 412.13	\$ 126.16
PRESCRIPTION DRUGS	30	57	12,364.01	216.91	.582	412.13	126.16
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	30	57	12,364.01	216.91	.582	412.13	126.16
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	3	\$ 75.00	\$ 25.00	.031	\$ 75.00	\$.77
VISITS - DIAGNOSTIC	1	3	75.00	25.00	.031	75.00	.77
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,218
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

98 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2	\$ 61.50	\$ 30.75	.020	\$ 61.50	\$.63
@TOTAL HOSPITAL	31	245	\$ 22,010.73	\$ 89.84	2.500	\$ 710.02	\$ 224.60
HOSP INPATIENT TOTAL	1	1	8,850.22	8850.22	.010	8850.22	90.31
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	1	8,850.22	8850.22	.010	8850.22	90.31
ACCOMMODATIONS	1	1	381.64	381.64	.010	381.64	3.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	381.64	381.64	.010	381.64	3.89
ANCILLARIES	1	0	8,468.58	.00	.000	8468.58	86.41
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	30	244	13,160.51	53.94	2.490	438.68	134.29
MEDICAL	5	6	106.62	17.77	.061	21.32	1.09
SURGERY	8	8	375.50	46.94	.082	46.94	3.83
PATHOLOGY	18	38	727.51	19.15	.388	40.42	7.42
RADIOLOGY	14	49	4,510.52	92.05	.500	322.18	46.03
ROOM USE	12	25	1,332.33	53.29	.255	111.03	13.60
CROSSOVERS/ALL OTH OUTPTNT	14	118	6,108.03	51.76	1.204	436.29	62.33
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,219
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

	98 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	31	245	\$	22,010.73	\$ 89.84	2.500	\$ 710.02	\$ 224.60
COMM HOSP INPATIENT TOTAL	1	1		8,850.22	8850.22	.010	8850.22	90.31
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1		8,850.22	8850.22	.010	8850.22	90.31
ACCOMMODATIONS	1	1		381.64	381.64	.010	381.64	3.89
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	1		381.64	381.64	.010	381.64	3.89
ANCILLARIES	1	0		8,468.58	.00	.000	8468.58	86.41
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	30	244		13,160.51	53.94	2.490	438.68	134.29
MEDICAL	5	6		106.62	17.77	.061	21.32	1.09
SURGERY	8	8		375.50	46.94	.082	46.94	3.83
PATHOLOGY	18	38		727.51	19.15	.388	40.42	7.42
RADIOLOGY	14	49		4,510.52	92.05	.500	322.18	46.03
ROOM USE	12	25		1,332.33	53.29	.255	111.03	13.60
CROSSOVERS/ALL OTH OUTPTNT	14	118		6,108.03	51.76	1.204	436.29	62.33
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	8	19	\$	654.46	34.45	.194	81.81	6.68
PATHOLOGY	8	19		654.46	34.45	.194	81.81	6.68
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	22	\$	1,237.03	56.23	.224	137.45	12.62
CLINIC	4	15		491.16	32.74	.153	122.79	5.01
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	7		745.87	106.55	.071	149.17	7.61

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR BCCTP-FEDERAL

PAGE 9,220
01/29/04

98 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4	7	\$ 604.56	\$ 86.37	.071	\$ 151.14	\$ 6.17	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	1	1	118.20	118.20	.010	118.20	1.21	
AMBULANCES/AIR TRANS	1	1	118.20	118.20	.010	118.20	1.21	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.010	105.00	1.07	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	5	381.36	76.27	.051	190.68	3.89
PROSTHETICS	2	5	381.36	76.27	.051	190.68	3.89
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,221
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	28	113	\$ 2,080.53	\$ 18.41	3.139	\$ 74.30	\$ 57.79
@PHYSICIANS SERVICES	15	44	\$ 1,197.61	\$ 27.22	1.222	\$ 79.84	\$ 33.27
OUTPATIENT VISITS	8	14	341.84	24.42	.389	42.73	9.50
OFFICE VISITS	8	14	341.84	24.42	.389	42.73	9.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	14	507.90	36.28	.389	169.30	14.11
PRINCIPAL SURGEON	1	1	224.47	224.47	.028	224.47	6.24
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13	283.43	21.80	.361	141.72	7.87
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	10	188.87	18.89	.278	23.61	5.25
RADIOLOGY	2	3	63.09	21.03	.083	31.55	1.75
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	.00	.00	.028	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	95.91	47.96	.056	47.96	2.66
@PHARMACY	13	24	\$ 649.26	\$ 27.05	.667	\$ 49.94	\$ 18.04
PRESCRIPTION DRUGS	13	24	649.26	27.05	.667	49.94	18.04
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	13	24	649.26	27.05	.667	49.94	18.04
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,222 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V							
----- MONTHLY AVERAGE -----							
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	42	\$ 153.54	\$ 3.66	1.167	\$ 21.93	\$ 4.27
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	42	153.54	3.66	1.167	21.93	4.27
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	3	76.60	25.53	.083	25.53	2.13
PATHOLOGY	6	19	76.94	4.05	.528	12.82	2.14
RADIOLOGY	1	3	.00	.00	.083	.00	.00
ROOM USE	2	5	.00	.00	.139	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	12	.00	.00	.333	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,223
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	42	\$ 153.54	\$ 3.66	1.167	\$ 21.93	\$ 4.27
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	42	153.54	3.66	1.167	21.93	4.27
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	3	76.60	25.53	.083	25.53	2.13
PATHOLOGY	6	19	76.94	4.05	.528	12.82	2.14
RADIOLOGY	1	3	.00	.00	.083	.00	.00
ROOM USE	2	5	.00	.00	.139	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	12	.00	.00	.333	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 28.00	\$ 28.00	.028	\$ 28.00	\$.78
PATHOLOGY	1	1	28.00	28.00	.028	28.00	.78
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	2	2	\$	52.12	\$	26.06	.056	\$	26.06	\$	1.45
CLINIC	2	2		52.12		26.06	.056		26.06		1.45
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,224
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,225
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

134 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	105	746	\$ 48,648.26	\$ 65.21	5.567	\$ 463.32	\$ 363.05
@PHYSICIANS SERVICES	63	322	\$ 10,758.05	\$ 33.41	2.403	\$ 170.76	\$ 80.28
OUTPATIENT VISITS	35	58	2,109.45	36.37	.433	60.27	15.74
OFFICE VISITS	33	53	1,839.66	34.71	.396	55.75	13.73
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	5	269.79	53.96	.037	89.93	2.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	18	2,486.35	138.13	.134	414.39	18.55
PRINCIPAL SURGEON	3	3	2,002.17	667.39	.022	667.39	14.94
ASSISTANT SURGEON	1	1	134.77	134.77	.007	134.77	1.01
ANESTHESIOLOGIST	2	14	349.41	24.96	.104	174.71	2.61
OUTPATIENT SURGERY	19	49	3,163.12	64.55	.366	166.48	23.61
PRINCIPAL SURGEON	15	19	2,513.14	132.27	.142	167.54	18.75
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	30	649.98	21.67	.224	108.33	4.85
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	29	44	792.86	18.02	.328	27.34	5.92

RADIOLOGY	15	38		1,573.83	41.42	.284	104.92	11.75
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	7		119.52	17.07	.052	17.07	.89
OTHER SERVICES/ALL X-OVERS	7	108		512.92	4.75	.806	73.27	3.83
@PHARMACY	43	81	\$	13,013.27	\$ 160.66	.604	\$ 302.63	\$ 97.11
PRESCRIPTION DRUGS	43	81		13,013.27	160.66	.604	302.63	97.11
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	43	81		13,013.27	160.66	.604	302.63	97.11
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	3	\$	75.00	\$ 25.00	.022	\$ 75.00	\$.56
VISITS - DIAGNOSTIC	1	3		75.00	25.00	.022	75.00	.56
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,226
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL							

134 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2	\$ 61.50	\$ 30.75	.015	\$ 61.50	\$.46
@TOTAL HOSPITAL	38	287	\$ 22,164.27	\$ 77.23	2.142	\$ 583.27	\$ 165.41
HOSP INPATIENT TOTAL	1	1	8,850.22	8850.22	.007	8850.22	66.05
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	1	8,850.22	8850.22	.007	8850.22	66.05
ACCOMMODATIONS	1	1	381.64	381.64	.007	381.64	2.85
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	381.64	381.64	.007	381.64	2.85
ANCILLARIES	1	0	8,468.58	.00	.000	8468.58	63.20
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	37	286	13,314.05	46.55	2.134	359.84	99.36
MEDICAL	5	6	106.62	17.77	.045	21.32	.80

SURGERY	11	11	452.10	41.10	.082	41.10	3.37
PATHOLOGY	24	57	804.45	14.11	.425	33.52	6.00
RADIOLOGY	15	52	4,510.52	86.74	.388	300.70	33.66
ROOM USE	14	30	1,332.33	44.41	.224	95.17	9.94
CROSSOVERS/ALL OTH OUTPTNT	17	130	6,108.03	46.98	.970	359.30	45.58
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,227
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

134 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	38	287	\$ 22,164.27	\$ 77.23	2.142	\$ 583.27	\$ 165.41
COMM HOSP INPATIENT TOTAL	1	1	8,850.22	8850.22	.007	8850.22	66.05
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1	8,850.22	8850.22	.007	8850.22	66.05
ACCOMMODATIONS	1	1	381.64	381.64	.007	381.64	2.85
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	381.64	381.64	.007	381.64	2.85
ANCILLARIES	1	0	8,468.58	.00	.000	8468.58	63.20
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	37	286	13,314.05	46.55	2.134	359.84	99.36
MEDICAL	5	6	106.62	17.77	.045	21.32	.80
SURGERY	11	11	452.10	41.10	.082	41.10	3.37
PATHOLOGY	24	57	804.45	14.11	.425	33.52	6.00
RADIOLOGY	15	52	4,510.52	86.74	.388	300.70	33.66
ROOM USE	14	30	1,332.33	44.41	.224	95.17	9.94
CROSSOVERS/ALL OTH OUTPTNT	17	130	6,108.03	46.98	.970	359.30	45.58
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	9	20	\$	682.46	\$	34.12	.149	\$ 75.83	\$ 5.09
PATHOLOGY	9	20		682.46		34.12	.149	75.83	5.09
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	11	24	\$	1,289.15	\$	53.71	.179	\$ 117.20	\$ 9.62
CLINIC	6	17		543.28		31.96	.127	90.55	4.05
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	5	7		745.87		106.55	.052	149.17	5.57

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,228
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

134 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	7	\$ 604.56	\$ 86.37	.052	\$ 151.14	\$ 4.51
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	1	118.20	118.20	.007	118.20	.88
AMBULANCES/AIR TRANS	1	1	118.20	118.20	.007	118.20	.88
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.007	105.00	.78
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	5	381.36	76.27	.037	190.68	2.85
PROSTHETICS	2	5	381.36	76.27	.037	190.68	2.85
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,229
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@TOTAL, ALL PROVIDERS	24	68	\$	2,916.18	\$	42.89	.405	\$	121.51	\$	17.36
@PHYSICIANS SERVICES	8	12	\$	242.75	\$	20.23	.071	\$	30.34	\$	1.44
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	12		242.75	20.23	.071	30.34	1.44
@PHARMACY	2	10	\$	119.26	\$ 11.93	.060	\$ 59.63	\$.71
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	2	10		119.26	11.93	.060	59.63	.71
@DENTIST	3	5	\$	.00	\$.00	.030	\$.00	\$.00
VISITS - DIAGNOSTIC	1	2		.00	.00	.012	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		.00	.00	.006	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		.00	.00	.012	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
NEVADA COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY							
				AID CODE 80				
				----- MONTHLY AVERAGE -----				
168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	5	20 \$	2,290.71	\$ 114.54	.119	\$ 458.14	\$ 13.64	
HOSP INPATIENT TOTAL	2	4	1,497.66	374.42	.024	748.83	8.91	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	4	1,497.66	374.42	.024	748.83	8.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	16	793.05	49.57	.095	198.26	4.72
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	16	793.05	49.57	.095	198.26	4.72
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,231
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	20	\$ 2,290.71	\$ 114.54	.119	\$ 458.14	\$ 13.64
COMM HOSP INPATIENT TOTAL	2	4	1,497.66	374.42	.024	748.83	8.91
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	4	1,497.66	374.42	.024	748.83	8.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	16	793.05	49.57	.095	198.26	4.72
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	16	793.05	49.57	.095	198.26	4.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,232
FEE-FOR-SERVICE/DENTAL 01/29/04
SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

@XOVER EXCLUDING STATE HOSP** 21 59 \$ 2,916.18 \$ 49.43 .351 \$ 138.87 \$ 17.36

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,233
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

1,458 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	473	2,393	\$ 55,572.96	\$ 23.22	1.641	\$ 117.49	\$ 38.12
@PHYSICIANS SERVICES	234	434	\$ 12,338.28	\$ 28.43	.298	\$ 52.73	\$ 8.46
OUTPATIENT VISITS	208	285	9,010.81	31.62	.195	43.32	6.18
OFFICE VISITS	150	208	5,938.58	28.55	.143	39.59	4.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	69	75	3,010.25	40.14	.051	43.63	2.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	61.98	30.99	.001	30.99	.04
INPATIENT VISITS	2	6	539.03	89.84	.004	269.52	.37
HOSPITAL VISITS	2	4	216.11	54.03	.003	108.06	.15
CRITICAL CARE	1	2	322.92	161.46	.001	322.92	.22
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.04
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	5	108.02	21.60	.003	108.02	.07
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	108.02	21.60	.003	108.02	.07
OUTPATIENT SURGERY	16	40	1,551.94	38.80	.027	97.00	1.06
PRINCIPAL SURGEON	12	13	920.35	70.80	.009	76.70	.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	27	631.59	23.39	.019	157.90	.43
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	14	17	132.62	7.80	.012	9.47	.09
RADIOLOGY	22	29	459.84	15.86	.020	20.90	.32
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	6	41.47	6.91	.004	10.37	.03
OTHER SERVICES/ALL X-OVERS	15	45	436.76	9.71	.031	29.12	.30
@PHARMACY	198	290	\$ 6,686.96	\$ 23.06	.199	\$ 33.77	\$ 4.59
PRESCRIPTION DRUGS	198	289	6,677.55	23.11	.198	33.73	4.58
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	198	289	6,677.55	23.11	.198	33.73	4.58
MEDICAL SUPPLIES	1	1	9.41	9.41	.001	9.41	.01
@DENTIST	37	216	\$ 7,176.20	\$ 33.22	.148	\$ 193.95	\$ 4.92
VISITS - DIAGNOSTIC	30	118	1,846.20	15.65	.081	61.54	1.27
ORAL SURGERY	4	14	560.00	40.00	.010	140.00	.38
DRUGS	5	5	125.00	25.00	.003	25.00	.09
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	5	9	638.00	70.89	.006	127.60	.44
RESTORATIVE DENTISTRY	14	61	3,247.00	53.23	.042	231.93	2.23
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	5	760.00	152.00	.003	253.33	.52
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 133% PROGRAM

PAGE 9,234
01/29/04

	1,458 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST		6	11	\$ 322.95	\$ 29.36	.008	\$ 53.83	\$.22
DIAGNOSTIC AND ANC. PROCED		5	5	237.25	47.45	.003	47.45	.16
EYE APPLIANCES		2	6	85.70	14.28	.004	42.85	.06
OTHER OPTOMETRIC SERVICES		0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR		0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS		0	0	.00	.00	.000	.00	.00
OTHER SERVICES		0	0	.00	.00	.000	.00	.00
@PODIATRIST		0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS		0	0	.00	.00	.000	.00	.00
SURGERY/ANES.		0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	0	0		.00		.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	4	4	\$	103.52	\$	.003	\$	.07
@TOTAL HOSPITAL	110	286	\$	15,482.40	\$	.196	\$	10.62
HOSP INPATIENT TOTAL	4	6		8,063.47		.004		5.53
HSC HOSPITALS	1	2		2,558.00		.001		1.75
NON-HSC HOSPITAL TOTAL	3	4		5,505.47		.003		3.78
ACCOMMODATIONS	3	4		1,526.56		.003		1.05
ADMINISTRATIVE DAYS	0	0		.00		.000		.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00
ALL OTHER ACCOM	3	4		1,526.56		.003		1.05
ANCILLARIES	3	0		3,978.91		.000		2.73
INPATIENT CROSSOVERS	0	0		.00		.000		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00
HOSP OUTPATIENT TOTAL	106	280		7,418.93		.192		5.09
MEDICAL	35	42		1,472.74		.029		1.01
SURGERY	10	11		238.29		.008		.16
PATHOLOGY	23	48		525.32		.033		.36
RADIOLOGY	13	19		728.78		.013		.50
ROOM USE	92	107		3,746.01		.073		2.57
CROSSOVERS/ALL OTH OUTPTNT	31	53		707.79		.036		.49
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.000		.00
HSC HOSPITALS	0	0		.00		.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.000		.00
ACCOMMODATIONS	0	0		.00		.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.000		.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00
ALL OTHER ACCOM	0	0		.00		.000		.00
ANCILLARIES	0	0		.00		.000		.00
INPATIENT CROSSOVERS	0	0		.00		.000		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.000		.00
MEDICAL	0	0		.00		.000		.00
SURGERY	0	0		.00		.000		.00
PATHOLOGY	0	0		.00		.000		.00
RADIOLOGY	0	0		.00		.000		.00
ROOM USE	0	0		.00		.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,235
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

	1,458 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	110		286	\$ 15,482.40	\$ 54.13	.196	\$ 140.75	\$ 10.62
COMM HOSP INPATIENT TOTAL	4		6	8,063.47	1343.91	.004	2015.87	5.53
HSC HOSPITALS	1		2	2,558.00	1279.00	.001	2558.00	1.75
NON-HSC HOSPITALS TOTAL	3		4	5,505.47	1376.37	.003	1835.16	3.78
ACCOMMODATIONS	3		4	1,526.56	381.64	.003	508.85	1.05
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3		4	1,526.56	381.64	.003	508.85	1.05
ANCILLARIES	3		0	3,978.91	.00	.000	1326.30	2.73
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	106	280		7,418.93	26.50	.192	69.99	5.09
MEDICAL	35	42		1,472.74	35.07	.029	42.08	1.01
SURGERY	10	11		238.29	21.66	.008	23.83	.16
PATHOLOGY	23	48		525.32	10.94	.033	22.84	.36
RADIOLOGY	13	19		728.78	38.36	.013	56.06	.50
ROOM USE	92	107		3,746.01	35.01	.073	40.72	2.57
CROSSOVERS/ALL OTH OUTPTNT	31	53		707.79	13.35	.036	22.83	.49
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	30	45	\$	4,929.69	109.55	.031	164.32	3.38
CLINIC	1	1		77.73	77.73	.001	77.73	.05
SURGICENTER	3	18		488.75	27.15	.012	162.92	.34
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	26	26		4,363.21	167.82	.018	167.82	2.99

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,236
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

1,458 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	29	1,107	\$ 8,532.96	\$ 7.71	.759	\$ 294.24	\$ 5.85
DURABLE MED. EQUIP.	1	1	18.82	18.82	.001	18.82	.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	46	2,794.50	60.75	.032	2794.50	1.92
AMBULANCES/AIR TRANS	1	45	994.50	22.10	.031	994.50	.68
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	1.23
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	33.28	8.32	.003	16.64	.02
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	80.69	80.69	.001	80.69	.06
PROSTHETICS	1	1	80.69	80.69	.001	80.69	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.99	50.00	.001	99.99	.07
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	26	1,053	5,505.68	5.23	.722	211.76	3.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	7	\$ 2,695.73	\$ 385.10	.005	\$ 673.93	\$ 1.85
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,237
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

1,527 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	542	2,143	\$ 84,755.60	\$ 39.55	1.403	\$ 156.38	\$ 55.50
@PHYSICIANS SERVICES	198	437	\$ 16,281.73	\$ 37.26	.286	\$ 82.23	\$ 10.66
OUTPATIENT VISITS	158	198	6,843.60	34.56	.130	43.31	4.48
OFFICE VISITS	116	139	4,448.97	32.01	.091	38.35	2.91
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	43	51	2,090.40	40.99	.033	48.61	1.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.001	126.31	.08
OTHER OUTPATIENT	5	7	177.92	25.42	.005	35.58	.12
INPATIENT VISITS	4	7	323.91	46.27	.005	80.98	.21
HOSPITAL VISITS	4	7	323.91	46.27	.005	80.98	.21
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	144.48	48.16	.002	48.16	.09
EXAMINATIONS	3	3	144.48	48.16	.002	48.16	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	26	2,778.04	106.85	.017	694.51	1.82
PRINCIPAL SURGEON	3	3	2,222.12	740.71	.002	740.71	1.46
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	23	555.92	24.17	.015	277.96	.36
OUTPATIENT SURGERY	20	40	2,219.13	55.48	.026	110.96	1.45
PRINCIPAL SURGEON	17	18	1,688.55	93.81	.012	99.33	1.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	22	530.58	24.12	.014	106.12	.35
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	16	17	198.02	11.65	.011	12.38	.13
RADIOLOGY	36	67	1,246.41	18.60	.044	34.62	.82
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	11	62.65	5.70	.007	31.33	.04
OTHER SERVICES/ALL X-OVERS	22	68	2,465.49	36.26	.045	112.07	1.61
@PHARMACY	184	324	\$ 14,867.05	\$ 45.89	.212	\$ 80.80	\$ 9.74
PRESCRIPTION DRUGS	184	324	14,867.05	45.89	.212	80.80	9.74
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	184	324	14,867.05	45.89	.212	80.80	9.74
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	71	281	\$ 8,171.60	\$ 29.08	.184	\$ 115.09	\$ 5.35
VISITS - DIAGNOSTIC	54	190	3,484.60	18.34	.124	64.53	2.28
ORAL SURGERY	9	18	1,065.00	59.17	.012	118.33	.70
DRUGS	4	4	75.00	18.75	.003	18.75	.05
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	3	71.00	23.67	.002	23.67	.05
RESTORATIVE DENTISTRY	26	65	3,476.00	53.48	.043	133.69	2.28
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,238
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						
	AID CODES 7A 7C 8R 8T						
	----- MONTHLY AVERAGE -----						
1,527 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	16	31 \$	936.77	\$ 30.22	.020	\$ 58.55	\$.61
DIAGNOSTIC AND ANC. PROCED	15	15	711.75	47.45	.010	47.45	.47
EYE APPLIANCES	6	16	225.02	14.06	.010	37.50	.15
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	3 \$	50.16	\$ 16.72	.002	\$ 25.08	\$.03
VISITS	2	3	50.16	16.72	.002	25.08	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	7 \$	240.40	\$ 34.34	.005	\$ 80.13	\$.16
MEDICINE/INJECTIONS	3	5	196.38	39.28	.003	65.46	.13
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	19.02	19.02	.001	19.02	.01
OTHER	1	1	25.00	25.00	.001	25.00	.02
@HOME HEALTH AGENCY	2	2 \$	104.99	\$ 52.50	.001	\$ 52.50	\$.07
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2 \$	52.36	\$ 26.18	.001	\$ 26.18	\$.03
@TOTAL HOSPITAL	90	503 \$	27,720.65	\$ 55.11	.329	\$ 308.01	\$ 18.15
HOSP INPATIENT TOTAL	5	14	16,625.92	1187.57	.009	3325.18	10.89
HSC HOSPITALS	3	8	10,722.00	1340.25	.005	3574.00	7.02
NON-HSC HOSPITAL TOTAL	2	6	5,903.92	983.99	.004	2951.96	3.87
ACCOMMODATIONS	2	6	2,285.48	380.91	.004	1142.74	1.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	2,285.48	380.91	.004	1142.74	1.50
ANCILLARIES	2	0	3,618.44	.00	.000	1809.22	2.37
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	87	489	11,094.73	22.69	.320	127.53	7.27
MEDICAL	17	18	786.52	43.70	.012	46.27	.52
SURGERY	15	18	530.69	29.48	.012	35.38	.35
PATHOLOGY	31	243	2,069.17	8.52	.159	66.75	1.36
RADIOLOGY	23	39	2,061.45	52.86	.026	89.63	1.35
ROOM USE	65	94	3,811.44	40.55	.062	58.64	2.50
CROSSOVERS/ALL OTH OUTPTNT	27	77	1,835.46	23.84	.050	67.98	1.20
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,239
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 NEVADA COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	1,527 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		90	503 \$	27,720.65	\$ 55.11	.329	\$ 308.01	\$ 18.15

COMM HOSP INPATIENT TOTAL	5	14		16,625.92	1187.57	.009	3325.18	10.89
HSC HOSPITALS	3	8		10,722.00	1340.25	.005	3574.00	7.02
NON-HSC HOSPITALS TOTAL	2	6		5,903.92	983.99	.004	2951.96	3.87
ACCOMMODATIONS	2	6		2,285.48	380.91	.004	1142.74	1.50
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6		2,285.48	380.91	.004	1142.74	1.50
ANCILLARIES	2	0		3,618.44	.00	.000	1809.22	2.37
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	87	489		11,094.73	22.69	.320	127.53	7.27
MEDICAL	17	18		786.52	43.70	.012	46.27	.52
SURGERY	15	18		530.69	29.48	.012	35.38	.35
PATHOLOGY	31	243		2,069.17	8.52	.159	66.75	1.36
RADIOLOGY	23	39		2,061.45	52.86	.026	89.63	1.35
ROOM USE	65	94		3,811.44	40.55	.062	58.64	2.50
CROSSOVERS/ALL OTH OUTPTNT	27	77		1,835.46	23.84	.050	67.98	1.20
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	18	\$	374.83	20.82	.012	37.48	.25
PATHOLOGY	10	18		374.83	20.82	.012	37.48	.25
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	67	104	\$	11,680.71	112.31	.068	174.34	7.65
CLINIC	6	19		436.36	22.97	.012	72.73	.29
SURGICENTER	2	6		231.21	38.54	.004	115.61	.15
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	60	79		11,013.14	139.41	.052	183.55	7.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,240
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM							
	AID CODES 7A 7C 8R 8T							

						----- MONTHLY AVERAGE -----		
1,527 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	99	431	\$	4,274.35	\$ 9.92	.282	\$ 43.18	\$ 2.80
DURABLE MED. EQUIP.	1	2		38.26	19.13	.001	38.26	.03
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	120		916.11	7.63	.079	152.69	.60
AMBULANCES/AIR TRANS	6	120		916.11	7.63	.079	152.69	.60
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.001	105.00	.14
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	20	168.88	8.44	.013	16.89	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	155.32	77.66	.001	77.66	.10
PROSTHETICS	2	2	155.32	77.66	.001	77.66	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	68.46	34.23	.001	68.46	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	76	281	2,687.49	9.56	.184	35.36	1.76
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	29.83	14.92	.001	29.83	.02
@CALIF. CHILDREN SERVICES*	12	320	\$ 14,999.24	\$ 46.87	.210	\$ 1249.94	\$ 9.82
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,241
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE	
					UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	65	287	\$ 13,070.78	\$ 45.54	.000	\$ 201.09
@PHYSICIANS SERVICES	8	11	\$ 527.34	\$ 47.94	.000	\$ 65.92
OUTPATIENT VISITS	4	5	401.04	80.21	.000	100.26
OFFICE VISITS	1	1	22.90	22.90	.000	22.90
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	3	4	378.14	94.54	.000	126.05
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	3	3	13.11	4.37	.000	4.37
RADIOLOGY	3	3	113.19	37.73	.000	37.73
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00

@PHARMACY	5	7	\$	150.43	\$	21.49	.000	\$	30.09	\$	.00
PRESCRIPTION DRUGS	5	7		150.43		21.49	.000		30.09		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	5	7		150.43		21.49	.000		30.09		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,242
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	31	228	\$ 10,089.85	\$ 44.25	.000	\$ 325.48	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	31	228	10,089.85	44.25	.000	325.48	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	23.13	23.13	.000	23.13	.00
PATHOLOGY	18	32	1,174.67	36.71	.000	65.26	.00
RADIOLOGY	7	7	533.97	76.28	.000	76.28	.00
ROOM USE	26	50	1,603.76	32.08	.000	61.68	.00

CROSSEOVERS/ALL OTH OUTPTNT	26	138		6,754.32	48.94	.000	259.78	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,243
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	31	228	\$ 10,089.85	\$ 44.25	.000	\$ 325.48	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	31	228	10,089.85	44.25	.000	325.48	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	23.13	23.13	.000	23.13	.00
PATHOLOGY	18	32	1,174.67	36.71	.000	65.26	.00
RADIOLOGY	7	7	533.97	76.28	.000	76.28	.00
ROOM USE	26	50	1,603.76	32.08	.000	61.68	.00
CROSSEOVERS/ALL OTH OUTPTNT	26	138	6,754.32	48.94	.000	259.78	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	19	27	\$	748.16	\$	27.71	.000	\$	39.38	\$	.00
PATHOLOGY	19	27		748.16		27.71	.000		39.38		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	190.00	\$	190.00	.000	\$	190.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		190.00		190.00	.000		190.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 9,244
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G										
							----- MONTHLY AVERAGE -----				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER		

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	13	13	\$	1,365.00	\$ 105.00	.000	\$ 105.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13	13		1,365.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,245
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 NEVADA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	8	\$ 358.81	\$ 44.85	.178	\$ 179.41	\$ 7.97
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00		.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.000	.00	.00
DIALYSIS	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	0	0		.00		.000	.00	.00
PSYCHIATRY	0	0		.00		.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.000	.00	.00
@PHARMACY	2	8	\$	358.81	\$	44.85	.178	\$ 179.41 \$ 7.97
PRESCRIPTION DRUGS	2	8		358.81		44.85	.178	179.41 7.97
SNF/ICF	0	0		.00		.00	.000	.00
OUTPATIENTS	2	8		358.81		44.85	.178	179.41 7.97
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00
ORAL SURGERY	0	0		.00		.00	.000	.00
DRUGS	0	0		.00		.00	.000	.00
ANESTHESIA	0	0		.00		.00	.000	.00
PERIODONTICS	0	0		.00		.00	.000	.00
ENDODONTICS	0	0		.00		.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00
PROSTHETICS	0	0		.00		.00	.000	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

PAGE 9,246 01/29/04

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

PAGE 9,247
01/29/04

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

PAGE 9,248 01/29/04

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

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01/29/04

	126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	114	114	970	\$ 64,707.39	\$ 66.71	7.698	\$ 567.61	\$ 513.55
@PHYSICIANS SERVICES	64	64	195	\$ 13,505.76	\$ 69.26	1.548	\$ 211.03	\$ 107.19
OUTPATIENT VISITS	19	19	20	1,153.82	57.69	.159	60.73	9.16
OFFICE VISITS	8	8	8	203.01	25.38	.063	25.38	1.61
HOME VISITS	0	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6	7	319.26	45.61	.056	53.21	2.53
PREVENTIVE CARE	0	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	5	5	631.55	126.31	.040	126.31	5.01
OTHER OUTPATIENT	0	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	11	11	21	901.27	42.92	.167	81.93	7.15

HOSPITAL VISITS	11	21		901.27	42.92	.167	81.93	7.15
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	28		6,470.51	231.09	.222	588.23	51.35
PRINCIPAL SURGEON	7	7		5,582.98	797.57	.056	797.57	44.31
ASSISTANT SURGEON	2	2		373.00	186.50	.016	186.50	2.96
ANESTHESIOLOGIST	3	19		514.53	27.08	.151	171.51	4.08
OUTPATIENT SURGERY	17	27		2,175.91	80.59	.214	127.99	17.27
PRINCIPAL SURGEON	17	21		1,941.23	92.44	.167	114.19	15.41
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	6		234.68	39.11	.048	46.94	1.86
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	14	25		220.26	8.81	.198	15.73	1.75
RADIOLOGY	13	17		1,074.20	63.19	.135	82.63	8.53
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	41		661.14	16.13	.325	50.86	5.25
OTHER SERVICES/ALL X-OVERS	11	16		848.65	53.04	.127	77.15	6.74
@PHARMACY	18	28	\$	682.02	24.36	.222	37.89	5.41
PRESCRIPTION DRUGS	18	28		682.02	24.36	.222	37.89	5.41
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	18	28		682.02	24.36	.222	37.89	5.41
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,250
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N							

	126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0		\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	2	\$	104.99	\$ 52.50	.016	\$ 52.50	\$.83
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	52	669	\$	46,929.97	\$	70.15	5.310	\$	902.50	\$	372.46
HOSP INPATIENT TOTAL	7	28		35,369.61		1263.20	.222		5052.80		280.71
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	7	28		35,369.61		1263.20	.222		5052.80		280.71
ACCOMMODATIONS	7	28		11,788.22		421.01	.222		1684.03		93.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	28		11,788.22		421.01	.222		1684.03		93.56
ANCILLARIES	7	0		23,581.39		.00	.000		3368.77		187.15
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	51	641		11,560.36		18.03	5.087		226.67		91.75
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		19.13		19.13	.008		19.13		.15
PATHOLOGY	28	109		1,491.61		13.68	.865		53.27		11.84
RADIOLOGY	5	5		442.63		88.53	.040		88.53		3.51
ROOM USE	39	93		2,634.01		28.32	.738		67.54		20.90
CROSSOVERS/ALL OTH OUTPTNT	43	433		6,972.98		16.10	3.437		162.16		55.34
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	52	669	\$	46,929.97	\$ 70.15	5.310	\$ 902.50	\$ 372.46
COMM HOSP INPATIENT TOTAL	7	28		35,369.61	1263.20	.222	5052.80	280.71
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	7	28		35,369.61	1263.20	.222	5052.80	280.71
ACCOMMODATIONS	7	28		11,788.22	421.01	.222	1684.03	93.56
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	28		11,788.22	421.01	.222	1684.03	93.56
ANCILLARIES	7	0		23,581.39	.00	.000	3368.77	187.15
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	51	641		11,560.36	18.03	5.087	226.67	91.75
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		19.13	19.13	.008	19.13	.15
PATHOLOGY	28	109		1,491.61	13.68	.865	53.27	11.84

RADIOLOGY	5	5		442.63		88.53	.040	88.53	3.51
ROOM USE	39	93		2,634.01		28.32	.738	67.54	20.90
CROSSOVERS/ALL OTH OUTPTNT	43	433		6,972.98		16.10	3.437	162.16	55.34
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	8	11	\$	208.28	\$	18.93	.087	26.04	1.65
PATHOLOGY	8	11		208.28		18.93	.087	26.04	1.65
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	58	\$	2,541.37	\$	43.82	.460	254.14	20.17
CLINIC	10	58		2,541.37		43.82	.460	254.14	20.17
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV									
MOP024									
NEVADA COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

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126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	7	\$ 735.00	\$ 105.00	.056	\$ 105.00	\$ 5.83
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	7	7	735.00	105.00	.056	105.00	5.83
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,253
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 NEVADA COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

1,001 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	561	2,014	\$ 129,145.71	\$ 64.12	2.012	\$ 230.21	\$ 129.02
@PHYSICIANS SERVICES	207	425	\$ 17,053.58	\$ 40.13	.425	\$ 82.38	\$ 17.04
OUTPATIENT VISITS	182	236	8,515.77	36.08	.236	46.79	8.51
OFFICE VISITS	116	140	3,985.61	28.47	.140	34.36	3.98
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	78	90	4,338.21	48.20	.090	55.62	4.33
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	5	146.19	29.24	.005	73.10	.15
OTHER OUTPATIENT	1	1	45.76	45.76	.001	45.76	.05
INPATIENT VISITS	7	19	1,022.51	53.82	.019	146.07	1.02
HOSPITAL VISITS	7	18	900.91	50.05	.018	128.70	.90
CRITICAL CARE	1	1	121.60	121.60	.001	121.60	.12
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	104.23	52.12	.002	52.12	.10
EXAMINATIONS	2	2	104.23	52.12	.002	52.12	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	9	2,765.69	307.30	.009	691.42	2.76
PRINCIPAL SURGEON	3	3	2,443.56	814.52	.003	814.52	2.44
ASSISTANT SURGEON	1	1	162.14	162.14	.001	162.14	.16
ANESTHESIOLOGIST	1	5	159.99	32.00	.005	159.99	.16
OUTPATIENT SURGERY	15	28	1,365.83	48.78	.028	91.06	1.36
PRINCIPAL SURGEON	14	21	1,213.94	57.81	.021	86.71	1.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	151.89	21.70	.007	75.95	.15
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	20	32	284.66	8.90	.032	14.23	.28
RADIOLOGY	36	65	1,951.90	30.03	.065	54.22	1.95
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	8	65.23	8.15	.008	16.31	.07
OTHER SERVICES/ALL X-OVERS	16	26	977.76	37.61	.026	61.11	.98
@PHARMACY	277	554	\$ 30,477.00	\$ 55.01	.553	\$ 110.03	\$ 30.45
PRESCRIPTION DRUGS	276	552	30,373.04	55.02	.551	110.05	30.34
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	276	552	30,373.04	55.02	.551	110.05	30.34
MEDICAL SUPPLIES	2	2	103.96	51.98	.002	51.98	.10
@DENTIST	44	187	\$ 7,649.00	\$ 40.90	.187	\$ 173.84	\$ 7.64
VISITS - DIAGNOSTIC	24	106	1,336.00	12.60	.106	55.67	1.33
ORAL SURGERY	6	12	1,295.00	107.92	.012	215.83	1.29
DRUGS	3	3	75.00	25.00	.003	25.00	.07
ANESTHESIA	2	2	200.00	100.00	.002	100.00	.20
PERIODONTICS	1	1	200.00	200.00	.001	200.00	.20
ENDODONTICS	2	2	286.00	143.00	.002	143.00	.29
RESTORATIVE DENTISTRY	25	60	4,187.00	69.78	.060	167.48	4.18
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	70.00	70.00	.001	70.00	.07
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES

AID CODE 38

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1,001 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	20	\$ 453.28	\$ 22.66	.020	\$ 64.75	\$.45
DIAGNOSTIC AND ANC. PROCED	6	6	259.39	43.23	.006	43.23	.26
EYE APPLIANCES	6	13	181.89	13.99	.013	30.32	.18
OTHER OPTOMETRIC SERVICES	1	1	12.00	12.00	.001	12.00	.01

@CHIROPRACTOR	4	6	\$	100.32	\$	16.72	.006	\$	25.08	\$	.10
VISITS	4	6		100.32		16.72	.006		25.08		.10
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	3	\$	73.08	\$	24.36	.003	\$	36.54	\$	.07
@TOTAL HOSPITAL	132	493	\$	59,267.15	\$	120.22	.493	\$	448.99	\$	59.21
HOSP INPATIENT TOTAL	8	31		46,061.21		1485.85	.031		5757.65		46.02
HSC HOSPITALS	1	11		13,266.00		1206.00	.011		13266.00		13.25
NON-HSC HOSPITAL TOTAL	7	20		32,795.21		1639.76	.020		4685.03		32.76
ACCOMMODATIONS	7	20		9,395.46		469.77	.020		1342.21		9.39
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	20		9,395.46		469.77	.020		1342.21		9.39
ANCILLARIES	7	0		23,399.75		.00	.000		3342.82		23.38
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	128	462		13,205.94		28.58	.462		103.17		13.19
MEDICAL	13	15		541.89		36.13	.015		41.68		.54
SURGERY	9	9		195.04		21.67	.009		21.67		.19
PATHOLOGY	48	153		1,954.54		12.77	.153		40.72		1.95
RADIOLOGY	32	41		3,646.24		88.93	.041		113.95		3.64
ROOM USE	94	107		4,078.47		38.12	.107		43.39		4.07
CROSSOVERS/ALL OTH OUTPTNT	59	137		2,789.76		20.36	.137		47.28		2.79
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,255
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	1,001 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	132	493	\$	59,267.15	\$ 120.22	.493	\$ 448.99	\$ 59.21
COMM HOSP INPATIENT TOTAL	8	31		46,061.21	1485.85	.031	5757.65	46.02
HSC HOSPITALS	1	11		13,266.00	1206.00	.011	13266.00	13.25
NON-HSC HOSPITALS TOTAL	7	20		32,795.21	1639.76	.020	4685.03	32.76
ACCOMMODATIONS	7	20		9,395.46	469.77	.020	1342.21	9.39

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	20	9,395.46	469.77	.020	1342.21	9.39
ANCILLARIES	7	0	23,399.75	.00	.000	3342.82	23.38
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	128	462	13,205.94	28.58	.462	103.17	13.19
MEDICAL	13	15	541.89	36.13	.015	41.68	.54
SURGERY	9	9	195.04	21.67	.009	21.67	.19
PATHOLOGY	48	153	1,954.54	12.77	.153	40.72	1.95
RADIOLOGY	32	41	3,646.24	88.93	.041	113.95	3.64
ROOM USE	94	107	4,078.47	38.12	.107	43.39	4.07
CROSSOVERS/ALL OTH OUTPTNT	59	137	2,789.76	20.36	.137	47.28	2.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	14	51	\$ 975.71	\$ 19.13	.051	\$ 69.69	\$.97
PATHOLOGY	14	51	975.71	19.13	.051	69.69	.97
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	64	90	\$ 11,211.82	\$ 124.58	.090	\$ 175.18	\$ 11.20
CLINIC	8	20	432.76	21.64	.020	54.10	.43
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	56	70	10,779.06	153.99	.070	192.48	10.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
NEVADA COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES						
				AID CODE 38	----- MONTHLY AVERAGE -----		
1,001 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	44	185	\$ 1,884.77	\$ 10.19	.185	\$ 42.84	\$ 1.88
DURABLE MED. EQUIP.	1	4	85.30	21.33	.004	85.30	.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	15	422.38	28.16	.015	140.79	.42
AMBULANCES/AIR TRANS	3	15	422.38	28.16	.015	140.79	.42
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.10
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00

OPTICIAN	8	18	174.66	9.70	.018	21.83	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	31	147	1,097.43	7.47	.147	35.40	1.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	7	\$ 905.88	\$ 129.41	.007	\$ 181.18	\$.90
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,257
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

125 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	39	96	\$ 2,771.56	\$ 28.87	.768	\$ 71.07	\$ 22.17
@PHYSICIANS SERVICES	7	12	\$ 341.05	\$ 28.42	.096	\$ 48.72	\$ 2.73
OUTPATIENT VISITS	6	9	272.47	30.27	.072	45.41	2.18
OFFICE VISITS	5	7	203.49	29.07	.056	40.70	1.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	68.98	34.49	.016	34.49	.55
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.008	46.44	.37
EXAMINATIONS	1	1	46.44	46.44	.008	46.44	.37
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	22.14	11.07	.016	11.07	.18
@PHARMACY	32	58	\$ 1,833.02	\$ 31.60	.464	\$ 57.28	\$ 14.66
PRESCRIPTION DRUGS	32	58	1,833.02	31.60	.464	57.28	14.66
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	32	58	1,833.02	31.60	.464	57.28	14.66

MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	1	2	\$	65.00	\$	32.50	.016	\$ 65.00	\$.52
VISITS - DIAGNOSTIC	1	2		65.00		32.50	.016	65.00	.52
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,258

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

125 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 78.74	\$ 26.25	.024	\$ 78.74	\$.63
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	2	21.54	10.77	.016	21.54	.17
OTHER OPTOMETRIC SERVICES	1	1	57.20	57.20	.008	57.20	.46
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	11	\$ 276.87	\$ 25.17	.088	\$ 69.22	\$ 2.21
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	11	276.87	25.17	.088	69.22	2.21
MEDICAL	1	1	63.97	63.97	.008	63.97	.51
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	24.06	24.06	.008	24.06	.19
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	3	99.64	33.21	.024	49.82	.80
CROSSOVERS/ALL OTH OUTPTNT	2	6	89.20	14.87	.048	44.60	.71
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,259

MOP024
NEVADA COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

01/29/04

125 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	11	\$ 276.87	\$ 25.17	.088	\$ 69.22	\$ 2.21
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	11	276.87	25.17	.088	69.22	2.21
MEDICAL	1	1	63.97	63.97	.008	63.97	.51
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	24.06	24.06	.008	24.06	.19
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	3	99.64	33.21	.024	49.82	.80
CROSSOVERS/ALL OTH OUTPTNT	2	6	89.20	14.87	.048	44.60	.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2	\$ 24.09	\$ 12.05	.016	\$ 24.09	\$.19
PATHOLOGY	1	2	24.09	12.05	.016	24.09	.19
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003				PAGE 9,260
MOP024			FEE-FOR-SERVICE/DENTAL				01/29/04
NEVADA COUNTY			SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P				

125 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	8	\$ 152.79	\$ 19.10	.064	\$ 38.20	\$ 1.22
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	4	128.85	32.21	.032	128.85	1.03
AMBULANCES/AIR TRANS	1	4	128.85	32.21	.032	128.85	1.03
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	17.88	8.94	.016	17.88	.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	2	6.06	3.03	.016	3.03	.05
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,261
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED	AID CODE 1E	

55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	105	1,677	\$ 197,701.86	\$ 117.89	30.491	\$ 1882.87	\$ 3594.58
@PHYSICIANS SERVICES	6	6	\$ 228.19	\$ 38.03	.109	\$ 38.03	\$ 4.15
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	6		228.19		38.03	.109	38.03	4.15
@PHARMACY	92	455	\$	27,481.76	\$	60.40	8.273	\$ 298.71	\$ 499.67
PRESCRIPTION DRUGS	92	440		26,953.13		61.26	8.000	292.97	490.06
SNF/ICF	41	249		14,483.10		58.17	4.527	353.25	263.33
OUTPATIENTS	52	191		12,470.03		65.29	3.473	239.81	226.73
MEDICAL SUPPLIES	6	15		528.63		35.24	.273	88.11	9.61
@DENTIST	4	7	\$	151.00	\$	21.57	.127	\$ 37.75	\$ 2.75
VISITS - DIAGNOSTIC	2	4		78.00		19.50	.073	39.00	1.42
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		48.00		48.00	.018	48.00	.87
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	1		25.00		25.00	.018	.00	.45
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00		.00	.018	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
NEVADA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED								
						AID CODE 1E			
						----- MONTHLY AVERAGE -----			
55 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	6	6	\$	41.92	\$ 6.99	.109	\$ 6.99	\$.76	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	6	6		41.92	6.99	.109	6.99	.76	
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	2	10	\$	872.05	\$ 87.21	.182	\$ 436.03	\$ 15.86	
HOSP INPATIENT TOTAL	1	9		840.00	93.33	.164	840.00	15.27	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	1	9		840.00	93.33	.164	840.00	15.27	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	

HOSP OUTPATIENT TOTAL	1	1	32.05	32.05	.018	32.05	.58
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	32.05	32.05	.018	32.05	.58
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,263
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED						AID CODE 1E

55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	10	\$ 872.05	\$ 87.21	.182	\$ 436.03	\$ 15.86
COMM HOSP INPATIENT TOTAL	1	9	840.00	93.33	.164	840.00	15.27
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	9	840.00	93.33	.164	840.00	15.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	32.05	32.05	.018	32.05	.58
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	32.05	32.05	.018	32.05	.58
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	38	1,157	\$ 167,940.38	\$ 145.15	21.036	\$ 4419.48	\$ 3053.46
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	38	1,157	167,940.38	145.15	21.036	4419.48	3053.46
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00

55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11	36	\$ 986.56	\$ 27.40	.655	\$ 89.69	\$ 17.94
DURABLE MED. EQUIP.	1	2	487.00	243.50	.036	487.00	8.85
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.018	25.00	.45
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	1.85	.62	.055	1.85	.03
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	30	472.71	15.76	.545	59.09	8.59
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	27	46	\$ 7,872.91	\$ 171.15	.836	\$ 291.59	\$ 143.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21	527	\$ 38,904.86	\$ 73.82	35.133	\$ 1852.61	\$ 2593.66
@PHYSICIANS SERVICES	1	1	\$ 45.25	\$ 45.25	.067	\$ 45.25	\$ 3.02
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		45.25	45.25	.067	45.25	3.02
@PHARMACY	19	159	\$	7,859.77	\$ 49.43	10.600	\$ 413.67	\$ 523.98
PRESCRIPTION DRUGS	19	159		7,859.77	49.43	10.600	413.67	523.98
SNF/ICF	16	150		7,413.68	49.42	10.000	463.36	494.25
OUTPATIENTS	3	9		446.09	49.57	.600	148.70	29.74
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 5.82	\$ 5.82	.067	\$ 5.82	\$.39
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	5.82	5.82	.067	5.82	.39
@HOME HEALTH AGENCY	1	74	\$ 2,208.38	\$ 29.84	4.933	\$ 2208.38	\$ 147.23
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	6	\$ 840.00	\$ 140.00	.400	\$ 840.00	\$ 56.00

HOSP INPATIENT TOTAL	1	6	840.00	140.00	.400	840.00	56.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	6	840.00	140.00	.400	840.00	56.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,267
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND						AID CODE 2E

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	6	\$ 840.00	\$ 140.00	.400	\$ 840.00	\$ 56.00
COMM HOSP INPATIENT TOTAL	1	6	840.00	140.00	.400	840.00	56.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	6	840.00	140.00	.400	840.00	56.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	8	232	\$	27,696.51	\$ 119.38	15.467	\$ 3462.06	\$ 1846.43
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	8	232		27,696.51	119.38	15.467	3462.06	1846.43
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
NEVADA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E							

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15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	54	\$ 249.13	\$ 4.61	3.600	\$ 62.28	\$ 16.61
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	50.00	25.00	.133	25.00	3.33
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	3	32.96	10.99	.200	32.96	2.20
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	49	166.17	3.39	3.267	166.17	11.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	4	2	\$	1,244.26	\$	622.13	.133	\$	311.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,269
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	332	6,797	\$ 226,348.09	\$ 33.30	25.268	\$ 681.77	\$ 841.44
@PHYSICIANS SERVICES	77	376	\$ 12,962.40	\$ 34.47	1.398	\$ 168.34	\$ 48.19
OUTPATIENT VISITS	38	61	2,427.81	39.80	.227	63.89	9.03
OFFICE VISITS	34	46	1,553.54	33.77	.171	45.69	5.78

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	12	15		874.27	58.28	.056	72.86	3.25
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	3	4		233.50	58.38	.015	77.83	.87
HOSPITAL VISITS	2	3		206.00	68.67	.011	103.00	.77
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1		27.50	27.50	.004	27.50	.10
OPHTHALMOLOGICAL SERVICES	2	2		109.69	54.85	.007	54.85	.41
EXAMINATIONS	2	2		109.69	54.85	.007	54.85	.41
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	45		1,867.26	41.49	.167	933.63	6.94
PRINCIPAL SURGEON	2	2		891.50	445.75	.007	445.75	3.31
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	43		975.76	22.69	.160	487.88	3.63
OUTPATIENT SURGERY	7	9		1,885.80	209.53	.033	269.40	7.01
PRINCIPAL SURGEON	7	9		1,885.80	209.53	.033	269.40	7.01
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	5		141.36	28.27	.019	35.34	.53
RADIOLOGY	14	19		500.78	26.36	.071	35.77	1.86
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	10		1,606.12	160.61	.037	535.37	5.97
OTHER SERVICES/ALL X-OVERS	33	221		4,190.08	18.96	.822	126.97	15.58
@PHARMACY	277	3,637	\$	118,944.62	\$ 32.70	13.520	\$ 429.40	\$ 442.17
PRESCRIPTION DRUGS	276	1,064		117,611.20	110.54	3.955	426.13	437.22
SNF/ICF	19	164		10,593.28	64.59	.610	557.54	39.38
OUTPATIENTS	259	900		107,017.92	118.91	3.346	413.20	397.84
MEDICAL SUPPLIES	12	2,573		1,333.42	.52	9.565	111.12	4.96
@DENTIST	8	34	\$	3,234.00	\$ 95.12	.126	\$ 404.25	\$ 12.02
VISITS - DIAGNOSTIC	5	11		288.00	26.18	.041	57.60	1.07
ORAL SURGERY	1	1		45.00	45.00	.004	45.00	.17
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.004	118.00	.44
ENDODONTICS	1	1		330.00	330.00	.004	330.00	1.23
RESTORATIVE DENTISTRY	3	9		769.00	85.44	.033	256.33	2.86
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	10		484.00	48.40	.037	484.00	1.80
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		1,200.00	1200.00	.004	1200.00	4.46
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,270
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E							

269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	16	\$ 371.46	\$ 23.22	.059	\$ 74.29	\$ 1.38
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.011	47.45	.53
EYE APPLIANCES	4	12	181.66	15.14	.045	45.42	.68
OTHER OPTOMETRIC SERVICES	1	1	47.45	47.45	.004	47.45	.18
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	3	\$ 6.58	\$ 2.19	.011	\$ 3.29	\$.02

MEDICINE/INJECTIONS	0	0		.00		.000	.00	.00
SURGERY/ANES.	0	0		.00		.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	2	3		6.58	2.19	.011	3.29	.02
@HOME HEALTH AGENCY	3	21	\$	940.30	\$ 44.78	.078	\$ 313.43	\$ 3.50
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$	22.90	\$ 22.90	.004	\$ 22.90	.09
@TOTAL HOSPITAL	44	225	\$	31,435.12	\$ 139.71	.836	\$ 714.43	\$ 116.86
HOSP INPATIENT TOTAL	9	20		26,233.59	1311.68	.074	2914.84	97.52
HSC HOSPITALS	2	8		14,000.00	1750.00	.030	7000.00	52.04
NON-HSC HOSPITAL TOTAL	2	3		8,033.59	2677.86	.011	4016.80	29.86
ACCOMMODATIONS	2	3		1,608.34	536.11	.011	804.17	5.98
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3		1,608.34	536.11	.011	804.17	5.98
ANCILLARIES	2	0		6,425.25	.00	.000	3212.63	23.89
INPATIENT CROSSOVERS	5	9		4,200.00	466.67	.033	840.00	15.61
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	36	205		5,201.53	25.37	.762	144.49	19.34
MEDICAL	11	24		757.77	31.57	.089	68.89	2.82
SURGERY	2	3		121.76	40.59	.011	60.88	.45
PATHOLOGY	23	87		1,050.38	12.07	.323	45.67	3.90
RADIOLOGY	12	16		1,388.55	86.78	.059	115.71	5.16
ROOM USE	17	23		726.43	31.58	.086	42.73	2.70
CROSSOVERS/ALL OTH OUTPTNT	14	52		1,156.64	22.24	.193	82.62	4.30
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,271
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	44	225	\$	31,435.12	\$ 139.71	.836	\$ 714.43	\$ 116.86
COMM HOSP INPATIENT TOTAL	9	20		26,233.59	1311.68	.074	2914.84	97.52
HSC HOSPITALS	2	8		14,000.00	1750.00	.030	7000.00	52.04
NON-HSC HOSPITALS TOTAL	2	3		8,033.59	2677.86	.011	4016.80	29.86
ACCOMMODATIONS	2	3		1,608.34	536.11	.011	804.17	5.98
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3		1,608.34	536.11	.011	804.17	5.98
ANCILLARIES	2	0		6,425.25	.00	.000	3212.63	23.89

INPATIENT CROSSOVERS	5	9		4,200.00	466.67	.033	840.00	15.61
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	36	205		5,201.53	25.37	.762	144.49	19.34
MEDICAL	11	24		757.77	31.57	.089	68.89	2.82
SURGERY	2	3		121.76	40.59	.011	60.88	.45
PATHOLOGY	23	87		1,050.38	12.07	.323	45.67	3.90
RADIOLOGY	12	16		1,388.55	86.78	.059	115.71	5.16
ROOM USE	17	23		726.43	31.58	.086	42.73	2.70
CROSSOVERS/ALL OTH OUTPTNT	14	52		1,156.64	22.24	.193	82.62	4.30
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	16	374	\$	48,635.14	\$ 130.04	1.390	\$ 3039.70	\$ 180.80
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	16	374		48,635.14	130.04	1.390	3039.70	180.80
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	21	\$	287.31	\$ 13.68	.078	\$ 95.77	\$ 1.07
PATHOLOGY	3	21		287.31	13.68	.078	95.77	1.07
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	15	24	\$	4,710.37	\$ 196.27	.089	\$ 314.02	\$ 17.51
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	15	24		4,710.37	196.27	.089	314.02	17.51

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

PAGE 9,272 01/29/04

269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	28	2,065	\$ 4,797.89	\$ 2.32	7.677	\$ 171.35	\$ 17.84
DURABLE MED. EQUIP.	2	14	2,130.44	152.17	.052	1065.22	7.92
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	53	913.76	17.24	.197	152.29	3.40
AMBULANCES/AIR TRANS	6	53	913.76	17.24	.197	152.29	3.40
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	18	198.50	11.03	.067	24.81	.74
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	135.38	67.69	.007	135.38	.50

PROSTHETICS	1	2		135.38		67.69	.007	135.38	.50
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	178		847.12		4.76	.662	105.89	3.15
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	6	1,800		572.69		.32	6.691	95.45	2.13
@CALIF. CHILDREN SERVICES*	5	49	\$	13,687.65	\$	279.34	.182	\$ 2737.53	\$ 50.88
@XOVER EXCLUDING STATE HOSP**	28	207	\$	8,868.22	\$	42.84	.770	\$ 316.72	\$ 32.97

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,273
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

339 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	458	9,001	\$ 462,954.81	\$ 51.43	26.552	\$ 1010.82	\$ 1365.65
@PHYSICIANS SERVICES	84	383	\$ 13,235.84	\$ 34.56	1.130	\$ 157.57	\$ 39.04
OUTPATIENT VISITS	38	61	2,427.81	39.80	.180	63.89	7.16
OFFICE VISITS	34	46	1,553.54	33.77	.136	45.69	4.58
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	12	15	874.27	58.28	.044	72.86	2.58
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	4	233.50	58.38	.012	77.83	.69
HOSPITAL VISITS	2	3	206.00	68.67	.009	103.00	.61
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.003	27.50	.08
OPHTHALMOLOGICAL SERVICES	2	2	109.69	54.85	.006	54.85	.32
EXAMINATIONS	2	2	109.69	54.85	.006	54.85	.32
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	45	1,867.26	41.49	.133	933.63	5.51
PRINCIPAL SURGEON	2	2	891.50	445.75	.006	445.75	2.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	43	975.76	22.69	.127	487.88	2.88
OUTPATIENT SURGERY	7	9	1,885.80	209.53	.027	269.40	5.56
PRINCIPAL SURGEON	7	9	1,885.80	209.53	.027	269.40	5.56
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	5	141.36	28.27	.015	35.34	.42
RADIOLOGY	14	19	500.78	26.36	.056	35.77	1.48
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	10	1,606.12	160.61	.029	535.37	4.74
OTHER SERVICES/ALL X-OVERS	40	228	4,463.52	19.58	.673	111.59	13.17
@PHARMACY	388	4,251	\$ 154,286.15	\$ 36.29	12.540	\$ 397.64	\$ 455.12
PRESCRIPTION DRUGS	387	1,663	152,424.10	91.66	4.906	393.86	449.63
SNF/ICF	76	563	32,490.06	57.71	1.661	427.50	95.84
OUTPATIENTS	314	1,100	119,934.04	109.03	3.245	381.96	353.79
MEDICAL SUPPLIES	18	2,588	1,862.05	.72	7.634	103.45	5.49
@DENTIST	12	41	\$ 3,385.00	\$ 82.56	.121	\$ 282.08	\$ 9.99
VISITS - DIAGNOSTIC	7	15	366.00	24.40	.044	52.29	1.08
ORAL SURGERY	1	1	45.00	45.00	.003	45.00	.13

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.003	118.00	.35
ENDODONTICS	1	1	330.00	330.00	.003	330.00	.97
RESTORATIVE DENTISTRY	4	10	817.00	81.70	.029	204.25	2.41
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	11	509.00	46.27	.032	509.00	1.50
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	1,200.00	1200.00	.003	1200.00	3.54
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV
 MOP024
 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 9,274
 01/29/04

----- MONTHLY AVERAGE -----

339 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	16	\$ 371.46	\$ 23.22	.047	\$ 74.29	\$ 1.10
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.009	47.45	.42
EYE APPLIANCES	4	12	181.66	15.14	.035	45.42	.54
OTHER OPTOMETRIC SERVICES	1	1	47.45	47.45	.003	47.45	.14
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	10	\$ 54.32	\$ 5.43	.029	\$ 6.04	\$.16
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	9	10	54.32	5.43	.029	6.04	.16
@HOME HEALTH AGENCY	4	95	\$ 3,148.68	\$ 33.14	.280	\$ 787.17	\$ 9.29
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$ 22.90	\$ 22.90	.003	\$ 22.90	\$.07
@TOTAL HOSPITAL	47	241	\$ 33,147.17	\$ 137.54	.711	\$ 705.26	\$ 97.78
HOSP INPATIENT TOTAL	11	35	27,913.59	797.53	.103	2537.60	82.34
HSC HOSPITALS	2	8	14,000.00	1750.00	.024	7000.00	41.30
NON-HSC HOSPITAL TOTAL	2	3	8,033.59	2677.86	.009	4016.80	23.70
ACCOMMODATIONS	2	3	1,608.34	536.11	.009	804.17	4.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3	1,608.34	536.11	.009	804.17	4.74
ANCILLARIES	2	0	6,425.25	.00	.000	3212.63	18.95
INPATIENT CROSSOVERS	7	24	5,880.00	245.00	.071	840.00	17.35
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	37	206	5,233.58	25.41	.608	141.45	15.44
MEDICAL	11	24	757.77	31.57	.071	68.89	2.24
SURGERY	2	3	121.76	40.59	.009	60.88	.36
PATHOLOGY	23	87	1,050.38	12.07	.257	45.67	3.10
RADIOLOGY	12	16	1,388.55	86.78	.047	115.71	4.10
ROOM USE	17	23	726.43	31.58	.068	42.73	2.14
CROSSOVERS/ALL OTH OUTPTNT	15	53	1,188.69	22.43	.156	79.25	3.51
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----
339 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	47	241	\$	33,147.17	\$ 137.54	.711	\$ 705.26	\$ 97.78
COMM HOSP INPATIENT TOTAL	11	35		27,913.59	797.53	.103	2537.60	82.34
HSC HOSPITALS	2	8		14,000.00	1750.00	.024	7000.00	41.30
NON-HSC HOSPITALS TOTAL	2	3		8,033.59	2677.86	.009	4016.80	23.70
ACCOMMODATIONS	2	3		1,608.34	536.11	.009	804.17	4.74
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3		1,608.34	536.11	.009	804.17	4.74
ANCILLARIES	2	0		6,425.25	.00	.000	3212.63	18.95
INPATIENT CROSSOVERS	7	24		5,880.00	245.00	.071	840.00	17.35
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	37	206		5,233.58	25.41	.608	141.45	15.44
MEDICAL	11	24		757.77	31.57	.071	68.89	2.24
SURGERY	2	3		121.76	40.59	.009	60.88	.36
PATHOLOGY	23	87		1,050.38	12.07	.257	45.67	3.10
RADIOLOGY	12	16		1,388.55	86.78	.047	115.71	4.10
ROOM USE	17	23		726.43	31.58	.068	42.73	2.14
CROSSOVERS/ALL OTH OUTPTNT	15	53		1,188.69	22.43	.156	79.25	3.51
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	62	1,763	\$	244,272.03	\$ 138.55	5.201	\$ 3939.87	\$ 720.57
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	62	1,763		244,272.03	138.55	5.201	3939.87	720.57
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	21	\$	287.31	\$ 13.68	.062	\$ 95.77	\$.85
PATHOLOGY	3	21		287.31	13.68	.062	95.77	.85
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	15	24	\$	4,710.37	\$ 196.27	.071	\$ 314.02	\$ 13.89
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	15	24		4,710.37	196.27	.071	314.02	13.89
#CALIF DEPT OF HEALTH SERV								
MOP024								
NEVADA COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

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	339 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	43		2,155	\$ 6,033.58	\$ 2.80	6.357	\$ 140.32	\$ 17.80
DURABLE MED. EQUIP.	3		16	2,617.44	163.59	.047	872.48	7.72
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3		3	75.00	25.00	.009	25.00	.22
MEDICAL TRANSPORTATION	6		53	913.76	17.24	.156	152.29	2.70
AMBULANCES/AIR TRANS	6		53	913.76	17.24	.156	152.29	2.70
OTHER TRANS	0		0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	9	21		231.46	11.02	.062	25.72	.68
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3		1.85	.62	.009	1.85	.01
PROSTHETIST/ORTHOTISTS	1	2		135.38	67.69	.006	135.38	.40
PROSTHETICS	1	2		135.38	67.69	.006	135.38	.40
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	227		1,013.29	4.46	.670	112.59	2.99
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	1,830		1,045.40	.57	5.398	74.67	3.08
@CALIF. CHILDREN SERVICES*	5	49	\$	13,687.65	\$ 279.34	.145	\$ 2737.53	\$ 40.38
@XOVER EXCLUDING STATE HOSP**	59	255	\$	17,985.39	\$ 70.53	.752	\$ 304.84	\$ 53.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,277
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	TOTAL CERTIFIED	

93,331 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	55,148	919,172	\$ 36,090,342.78	\$ 39.26	9.849	\$ 654.43	\$ 386.69
@PHYSICIANS SERVICES	20,451	58,595	\$ 2,084,775.82	\$ 35.58	.628	\$ 101.94	\$ 22.34
OUTPATIENT VISITS	13,934	19,948	713,901.86	35.79	.214	51.23	7.65
OFFICE VISITS	9,899	13,053	388,393.83	29.76	.140	39.24	4.16
HOME VISITS	6	6	314.70	52.45	.000	52.45	.00
EMERGENCY ROOM	4,837	6,167	288,692.02	46.81	.066	59.68	3.09
PREVENTIVE CARE	8	8	384.76	48.10	.000	48.10	.00
OB VISITS/COMPRE PERI	192	309	24,583.69	79.56	.003	128.04	.26
OTHER OUTPATIENT	376	405	11,532.86	28.48	.004	30.67	.12
INPATIENT VISITS	941	3,022	174,327.47	57.69	.032	185.26	1.87
HOSPITAL VISITS	830	2,382	104,944.72	44.06	.026	126.44	1.12
CRITICAL CARE	90	499	65,099.61	130.46	.005	723.33	.70
SNF/ICF/TRANS IP CARE	86	141	4,283.14	30.38	.002	49.80	.05
OPHTHALMOLOGICAL SERVICES	249	265	12,317.73	46.48	.003	49.47	.13
EXAMINATIONS	248	264	12,292.73	46.56	.003	49.57	.13
SERVICES AND MATERIALS	1	1	25.00	25.00	.000	25.00	.00
INPATIENT HOSPITAL SURGERY	635	3,323	353,453.31	106.37	.036	556.62	3.79
PRINCIPAL SURGEON	437	577	284,755.09	493.51	.006	651.61	3.05
ASSISTANT SURGEON	67	66	12,067.09	182.83	.001	180.11	.13
ANESTHESIOLOGIST	225	2,680	56,631.13	21.13	.029	251.69	.61
OUTPATIENT SURGERY	1,596	3,218	228,136.83	70.89	.034	142.94	2.44
PRINCIPAL SURGEON	1,424	1,753	191,149.58	109.04	.019	134.23	2.05
ASSISTANT SURGEON	9	9	1,228.94	136.55	.000	136.55	.01
ANESTHESIOLOGIST	277	1,456	35,758.31	24.56	.016	129.09	.38
DIALYSIS	37	116	9,555.78	82.38	.001	258.26	.10
PATHOLOGY	1,967	3,013	43,274.29	14.36	.032	22.00	.46
RADIOLOGY	3,937	6,396	202,637.48	31.68	.069	51.47	2.17
PSYCHIATRY	5	5	234.31	46.86	.000	46.86	.00

IMMUNIZATION AND INJECTION	563	1,585		44,417.96		28.02	.017	78.90	.48
OTHER SERVICES/ALL X-OVERS	4,958	17,704		302,518.80		17.09	.190	61.02	3.24
@PHARMACY	35,321	364,358	\$	12,394,976.09	\$	34.02	3.904	\$ 350.92	\$ 132.81
PRESCRIPTION DRUGS	35,026	133,672		11,729,623.76		87.75	1.432	334.88	125.68
SNF/ICF	3,188	23,205		1,267,970.62		54.64	.249	397.73	13.59
OUTPATIENTS	32,016	110,467		10,461,653.14		94.70	1.184	326.76	112.09
MEDICAL SUPPLIES	1,692	230,686		665,352.33		2.88	2.472	393.23	7.13
@DENTIST	3,886	15,816	\$	658,259.48	\$	41.62	.169	\$ 169.39	\$ 7.05
VISITS - DIAGNOSTIC	2,669	9,202		150,970.99		16.41	.099	56.56	1.62
ORAL SURGERY	537	1,521		81,302.00		53.45	.016	151.40	.87
DRUGS	202	245		5,313.75		21.69	.003	26.31	.06
ANESTHESIA	29	30		2,800.00		93.33	.000	96.55	.03
PERIODONTICS	64	75		10,946.00		145.95	.001	171.03	.12
ENDODONTICS	268	483		74,489.50		154.22	.005	277.95	.80
RESTORATIVE DENTISTRY	1,361	3,547		237,373.99		66.92	.038	174.41	2.54
PROSTHETICS	19	18		500.00		27.78	.000	26.32	.01
DENTURES, STAYPLATES	182	435		79,378.00		182.48	.005	436.14	.85
SPACE MAINTAINERS	35	37		5,622.00		151.95	.000	160.63	.06
MAXILLOFACIAL SERVICES	9	10		1,848.25		184.83	.000	205.36	.02
FRACTURES, DISLOCATIONS	2	2		1,900.00		950.00	.000	950.00	.02
ORTHODONTIC SERVICES	61	73		5,590.00		76.58	.001	91.64	.06
ALL OTHER SERVICES	86	138		225.00		1.63	.001	2.62	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,278
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED								

93,331 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE			
@OPTOMETRIST	1,195	3,417	\$ 77,116.50	\$ 22.57	.037	\$ 64.53	\$.83	
DIAGNOSTIC AND ANC. PROCED	692	693	32,479.93	46.87	.007	46.94	.35	
EYE APPLIANCES	936	2,613	41,864.21	16.02	.028	44.73	.45	
OTHER OPTOMETRIC SERVICES	82	111	2,772.36	24.98	.001	33.81	.03	
@CHIROPRACTOR	395	625	\$ 10,304.50	\$ 16.49	.007	\$ 26.09	\$.11	
VISITS	380	600	9,944.22	16.57	.006	26.17	.11	
OTHER SERVICES	15	25	360.28	14.41	.000	24.02	.00	
@PODIATRIST	545	660	\$ 8,940.38	\$ 13.55	.007	\$ 16.40	\$.10	
MEDICINE/INJECTIONS	69	101	3,126.27	30.95	.001	45.31	.03	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	5	8	134.94	16.87	.000	26.99	.00	
OTHER	480	551	5,679.17	10.31	.006	11.83	.06	
@HOME HEALTH AGENCY	199	6,009	\$ 196,327.88	\$ 32.67	.064	\$ 986.57	\$ 2.10	
NURSE ANESTHESIST	11	168	453.15	2.70	.002	41.20	.00	
NURSE MIDWIFE	52	160	\$ 11,831.69	\$ 73.95	.002	\$ 227.53	\$.13	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	365	468	\$ 11,592.68	\$ 24.77	.005	\$ 31.76	\$.12	
@TOTAL HOSPITAL	12,765	63,973	\$ 6,924,330.22	\$ 108.24	.685	\$ 542.45	\$ 74.19	
HOSP INPATIENT TOTAL	1,214	5,033	5,443,641.79	1081.59	.054	4484.05	58.33	
HSC HOSPITALS	168	1,259	1,571,890.04	1248.52	.013	9356.49	16.84	
NON-HSC HOSPITAL TOTAL	663	2,311	3,569,069.54	1544.38	.025	5383.21	38.24	
ACCOMMODATIONS	663	2,311	991,545.11	429.05	.025	1495.54	10.62	
ADMINISTRATIVE DAYS	8	59	29,882.11	506.48	.001	3735.26	.32	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	659	2,252	961,663.00	427.03	.024	1459.28	10.30	
ANCILLARIES	663	0	2,577,524.43	.00	.000	3887.67	27.62	
INPATIENT CROSSOVERS	396	1,463	302,682.21	206.89	.016	764.35	3.24	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	12,021	58,940	1,480,688.43	25.12	.632	123.18	15.86	
MEDICAL	1,426	1,883	72,837.93	38.68	.020	51.08	.78	
SURGERY	1,022	1,127	30,012.33	26.63	.012	29.37	.32	
PATHOLOGY	4,619	17,443	219,537.53	12.59	.187	47.53	2.35	

RADIOLOGY	2,966	4,203		305,158.40	72.60	.045	102.89	3.27
ROOM USE	7,003	10,048		380,434.58	37.86	.108	54.32	4.08
CROSSOVERS/ALL OTH OUTPTNT	5,895	24,236		472,707.66	19.50	.260	80.19	5.06
@COUNTY HOSPITAL TOTAL	32	167	\$	53,415.44	\$ 319.85	.002	\$ 1669.23	\$.57
CO HOSPITAL INPATIENT TOTAL	1	36		48,672.00	1352.00	.000	48672.00	.52
HSC HOSPITALS	1	36		48,672.00	1352.00	.000	48672.00	.52
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	31	131		4,743.44	36.21	.001	153.01	.05
MEDICAL	11	14		728.07	52.01	.000	66.19	.01

SURGERY	4	6	538.61	89.77	.000	134.65	.01
PATHOLOGY	7	30	381.35	12.71	.000	54.48	.00
RADIOLOGY	12	22	1,034.24	47.01	.000	86.19	.01
ROOM USE	20	24	963.45	40.14	.000	48.17	.01
CROSSOVERS/ALL OTH OUTPTNT	16	35	1,097.72	31.36	.000	68.61	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

93,331 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12,742	63,806	\$ 6,870,914.78	\$ 107.68	.684	\$ 539.23	\$ 73.62
COMM HOSP INPATIENT TOTAL	1,213	4,997	5,394,969.79	1079.64	.054	4447.63	57.80
HSC HOSPITALS	167	1,223	1,523,218.04	1245.48	.013	9121.07	16.32
NON-HSC HOSPITALS TOTAL	663	2,311	3,569,069.54	1544.38	.025	5383.21	38.24
ACCOMMODATIONS	663	2,311	991,545.11	429.05	.025	1495.54	10.62
ADMINISTRATIVE DAYS	8	59	29,882.11	506.48	.001	3735.26	.32
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	659	2,252	961,663.00	427.03	.024	1459.28	10.30
ANCILLARIES	663	0	2,577,524.43	.00	.000	3887.67	27.62
INPATIENT CROSSOVERS	396	1,463	302,682.21	206.89	.016	764.35	3.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11,997	58,809	1,475,944.99	25.10	.630	123.03	15.81
MEDICAL	1,416	1,869	72,109.86	38.58	.020	50.93	.77
SURGERY	1,018	1,121	29,473.72	26.29	.012	28.95	.32
PATHOLOGY	4,613	17,413	219,156.18	12.59	.187	47.51	2.35
RADIOLOGY	2,955	4,181	304,124.16	72.74	.045	102.92	3.26
ROOM USE	6,985	10,024	379,471.13	37.86	.107	54.33	4.07
CROSSOVERS/ALL OTH OUTPTNT	5,883	24,201	471,609.94	19.49	.259	80.16	5.05
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3,235	98,217	\$ 10,492,774.87	\$ 106.83	1.052	\$ 3243.52	\$ 112.43
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	21	2,539.53	120.93	.000	2539.53	.03
LEV B-SUBACUTE FREESTANDING	5	124	42,763.88	344.87	.001	8552.78	.46
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3,229	98,072	10,447,471.46	106.53	1.051	3235.51	111.94
@INTERMEDIATE CARE FACIL.-DD	39	1,446	\$ 246,984.33	\$ 170.81	.015	\$ 6332.93	\$ 2.65
ICF DDH	6	168	24,892.56	148.17	.002	4148.76	.27
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	33	1,278	222,091.77	173.78	.014	6730.05	2.38
@HEMODIALYSIS TOTAL	207	3,507	\$ 172,673.64	\$ 49.24	.038	\$ 834.17	\$ 1.85
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	207	3,507	172,673.64	49.24	.038	834.17	1.85
@REHABILITATION FACILITY	61	801	\$ 12,058.98	\$ 15.05	.009	\$ 197.69	\$.13
HOSPITAL BASED	12	46	1,801.17	39.16	.000	150.10	.02
INDEPENDENT FACILITY	49	755	10,257.81	13.59	.008	209.34	.11
@LABORATORY FACILITY	1,540	4,409	\$ 73,953.21	\$ 16.77	.047	\$ 48.02	\$.79
PATHOLOGY	1,530	4,387	73,301.92	16.71	.047	47.91	.79
XO AND OTHERS	10	22	651.29	29.60	.000	65.13	.01
@ORGANIZED OUTPATIENT CLINIC	4,664	8,631	\$ 994,719.89	\$ 115.25	.092	\$ 213.28	\$ 10.66
CLINIC	578	1,836	49,165.63	26.78	.020	85.06	.53
SURGICENTER	58	294	8,947.61	30.43	.003	154.27	.10
HEROIN DETOX CLINIC	4	47	545.67	11.61	.001	136.42	.01
RURAL HEALTH CLINIC	4,071	6,454	936,060.98	145.04	.069	229.93	10.03

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

93,331 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,591	287,912	\$ 1,718,269.47	\$ 5.97	3.085	\$ 260.70	\$ 18.41
DURABLE MED. EQUIP.	404	1,644	192,952.17	117.37	.018	477.60	2.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	91	110	25,766.02	234.24	.001	283.14	.28
MEDICAL TRANSPORTATION	620	6,594	145,219.05	22.02	.071	234.22	1.56
AMBULANCES/AIR TRANS	527	5,193	92,953.90	17.90	.056	176.38	1.00
OTHER TRANS	52	1,065	3,314.51	3.11	.011	63.74	.04
OTHER SERVICES	71	336	48,950.64	145.69	.004	689.45	.52
ACUPUNCTURE	7	15	275.73	18.38	.000	39.39	.00
ADULT DAY HEALTH CARE CTR	324	3,916	271,588.67	69.35	.042	838.24	2.91
GENETIC DISEASE TESTING	163	163	16,809.00	103.12	.002	103.12	.18
IHMC,MODEL-NF,NF,AIDS,MSSP	106	9,412	301,617.53	32.05	.101	2845.45	3.23
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,104	2,410	25,516.18	10.59	.026	23.11	.27
PHYSICAL THERAPIST	4	24	366.04	15.25	.000	91.51	.00
PORTABLE X-RAY	72	137	318.18	2.32	.001	4.42	.00
PROSTHETIST/ORTHOTISTS	219	474	46,394.45	97.88	.005	211.85	.50
PROSTHETICS	216	471	46,203.88	98.10	.005	213.91	.50
ORTHOTICS	3	3	190.57	63.52	.000	63.52	.00
PSYCHOLOGIST	1	1	12.01	12.01	.000	12.01	.00
SPEECH AND AUDIOLOGY	96	179	18,706.73	104.51	.002	194.86	.20
HOSPICE SERVICES	74	2,179	252,660.49	115.95	.023	3414.33	2.71
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,350	72,026	260,290.40	3.61	.772	110.76	2.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,289	188,628	159,776.82	.85	2.021	123.95	1.71
@CALIF. CHILDREN SERVICES*	612	29,476	\$ 1,255,694.69	\$ 42.60	.316	\$ 2051.79	\$ 13.45
@XOVER EXCLUDING STATE HOSP**	5,875	59,020	\$ 1,017,029.00	\$ 17.23	.632	\$ 173.11	\$ 10.90

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.